

## Travis G. Maak, M.D.

590 Wakara Way Salt Lake City, UT 84108 Tel: (801) 587-7109 Fax: (801)587-7112

Lic. # 8234797-1205

## Physical Therapy Prescription Tibial Tubercle Osteotomy

Patient Name:	Today's Date:	Surgery Date:	
Dx: s/p ( LEFT / RIGHT ) PATELLAR REALIGNMENT + or - MPFL-R Procedure: TIBIAL TUBERCLE OSTEOTOMY with or without MPFL-R			
WEEK 1  — Full Extension in brace locked @ 0 degree  — Ambulate TTWB with crutches; brace loc  — Dressing change  — Cryotherapy prn  — Passive ROM 0 – 30 degrees  — SLR in brace			
WEEK 2-6  Goal of ROM to 0 – 120 degrees at end a mbulate WBAT in Post Op Brace locked pain, progress as pain allows over 4 weeks  Passive ROM 0 – 120 degrees (Active Flees Straight Leg Raises (in brace) / Quad Sees SL balance on stable surface at 4 weeks Stationary Bike – OK out of brace (low Residue) Biofeedback Unit (E-stim to Quads may Core and hip stability	d @ 0 degrees after 3 we xion / Passive Extension) ts May do multi-direction OM, raised seat, NO RESI	NO ACTIVE RESISTED EXTENSION  al weight shifts STANCE)	
WEEK 6-12  WBAT, Advance assistive device as toler Discontinue use of brace Continue Stationary Bike Begin CKC strengthening progressing to Proprioception exercises on unstable sur Continue to progress hip and core stabil Begin sagittal plane strength and motion etc.)	full arc as tolerated. Foc face with perturbations ity program	cus posterior chain.	
WEEK 12-18  May begin in-line jogging program if que Continue LE CKC strengthening progress No plyometrics or sport specific cutting of Continue with CKC strength focused on Assess posture and functional movement Begin frontal and sagittal plane agility d Continue core and hip stability progression	sing to multi-planar move drills until 4.5 months post posterior chain It patterns. Corrective ex rills	ements as tolerated op ercise as needed.	



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WEEK 18+  Progress running program to straight line sprinting Introduce cutting drills with 3 planes of motion (pivoting okay) Olympic lifting and triple extension exercise okay Continue progression of all exercises above		
Frequency & Duration: (circle one) 1-2 2-3 x/week for week	<b>K</b> S	
**Please send progress notes.		
Physician's Signature:	_ M.D.	