



Michael S. Day, MD, MPhil
WellSpan Orthopedics

120 North Seventh Street, Chambersburg, PA 17201, Suite 101
Tel: (717) 263-1220; Fax: (717) 263-6255

Post-Operative Rehabilitation Guidelines for:
High Tibial Osteotomy or Distal Femoral Osteotomy

Patient Name: _____ **Date:** _____
Treatment Frequency: 3 x week **Duration of Therapy Prescription:** 6 weeks

PHASE 1: WEEKS 0 - 6

- Control Swelling: Anti-inflammatories, modalities as needed, ice, massage, elevation
- **Non-weight-bearing with crutches**
- Hinged knee brace (Bledsoe) locked in extension
- Discontinue hinged brace at 6 weeks if Quad control/strength adequate
- ROM: 0-45° for 1st week, then progress 15° each week
- Home CPM to facilitate ROM: 0-45° for 1st week, then progress 15° each week
- Quad activation/isometrics, SLR, gentle patella mobilization, scar massage
- Avoid: Squatting, pivoting, deep knee bends, repetitive stairs, falling
- Start strengthening of VMO and hip External Rotators (focus on limb alignment & gait)
- Special: _____

PHASE 2: WEEKS 7 - 12

- Continue anti-inflammatory modalities
- Advance knee motion and gait mechanics
- Patient may be full weight bearing at around 6-8 weeks (if cleared based on xray)
- Stationary bicycle when ROM adequate
- Core strengthening (closed kinetic chain)
- Advance Quad exercises (NMES as needed)
- Proprioceptive training/ exercises

PHASE 3: WEEKS 12 - 18

- In-line running permitted at 12-14 weeks
- Cutting with sharp stop-and-go exercises at 18 weeks
- Squats, deep knee bends, pivoting and cutting allowed by 4 months
- Return to full sport by 4-5 months
- Advance core strengthening
- Advance proprioceptive training (single leg hop, hop scotch)
- Plyometrics: advance

Send Progress notes

Physician's Signature: _____

(I have medically prescribed the above treatments)

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