Rehabilitation Protocol: High Tibial Osteotomy Opening Wedge

Name:	Date:
Diagnosis:	Date of Surgery:

Phase I (Weeks 0-6)

Weight Bearing and Range of Motion

- Non-weight bearing with crutches
- ROM: As tolerated –CPM for 2 hours, 3x daily, from 0-30° of flexion out of brace
- Brace Use
 - Locked in full extension at all times other than PT
- Therapeutic Elements (No closed chain exercises until 6 weeks post-op)
 - Heel Slides 0-90°
 - Quad Sets
 - o Ankle Pumps
 - Calf/Hamstring Stretches (Non-Weight bearingposition)
 - \circ ~ Seated Leg Raise with brace locked in full extension
 - o Resisted Plantarflexion

Phase II (Weeks 6-8)

- Weight Bearing and Range of Motion
 - As tolerated with crutches begin to advance to a normalized gait pattern without crutches
- Brace Use
 - Unlocked for ambulation
 - Remove for sleeping
 - Discontinue CPM if knee flexion is at least 90°
- Therapeutic Elements
 - o Continue above
 - o SLR without brace if able to maintain full extension
 - o Initiate stationary bike with low resistance

Phase III (Weeks 8-3 months)

- Weight Bearing and Range of Motion
 - Full weight bearing
 - o Discontinue crutches when normal gait
- Brace Use
 - Discontinue use per physician
- Therapeutic Elements
 - o Continue above
 - Mini-squats 0-45° progressing to Step-ups and Leg Press 0-60°
 - o Closed chain terminal knee extensions
 - o Toe raises
 - o Balance activities
 - Hamstring curls
 - Increase to moderate resistance on bike

Date: _____



Phase IV (3-	9 months) Bearing and Range of Motion
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-	ain-free
• Brace Us	
o N	lone
 Therape 	eutic Elements
• C	ontinue above with increased resistance
• P	Progress closed chain activities
• B	Begin treadmill walking, swimming, and sport-specificactivities
Comments:	
Frequency:	times per week Duration: weeks

Signature: _____