

Associate Professor of Orthopaedics Chief - Division of Sports Medicine Tel: (212) 598-6784

Rehabilitation Protocol: High Tibial Osteotomy Opening Wedge

Name:	Date:
Diagnosis:	Date of Surgery:
• Brace	At Bearing and Range of Motion Non-weight bearing with crutches ROM: As tolerated –CPM for 2 hours, twice daily, from 0-90° of flexion out of brace
O O O	Calf/Hamstring Stretches (Non-Weight bearing position) Seated Leg Raise with brace locked in full extension Resisted Plantarflexion
• Weight o Brace o o o o o o o o o o o o o o o o o o o	Use Unlocked for ambulation Remove for sleeping Discontinue CPM if knee flexion is at least 90° peutic Elements Continue above SLR without brace if able to maintain full extension Initiate stationary bike with low resistance
• Weigh	(Weeks 8-3 months) It Bearing and Range of Motion Full weight bearing Discontinue crutches when normal gait

Brace Use

o 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
- o Increase to moderate resistance on bike



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 Weigh Brace Theraj 	(3-9 months) It Bearing and Range of Motion Full Pain-free Use None peutic Elements Continue above with increased resistate Progress closed chain activities Begin treadmill walking, swimming		ic activities
Comments:			
Frequency:	times per week	Duration:	weeks
Signature: _			Date: