



Christopher Kim, MD, Scott G. Kaar, MD

Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service

High Tibial Osteotomy and Distal Femoral Osteotomy Rehab Protocol Prescription

Patient Name: _____

Date: _____

Diagnosis: _____

Frequency: 2-3 visits/week Duration: 4 months

Weeks 1-6

- HEP
- ROM as tolerated in brace
- NWB in brace for 2 weeks
- Progress from 25% - 50% PWB in brace locked in extension for 4 weeks
- SLR, quad sets
- Patella mobilization

Weeks 6-14

Supervised PT – 3 times a week (may need to adjust based on insurance)

GOALS

- Restore full ROM
- Restore normal gait
- Demonstrate ability to ascend and descend 8-inch stairs with good leg control without pain
- Improve ADL endurance
- Independence in HEP

PRECAUTIONS

- Avoid descending stairs reciprocally until adequate quad control and lower extremity alignment
- Avoid pain with therapeutic exercise and functional activities

- Avoid running and sport activity

TREATMENT STRATEGIES

- Progressive WBAT with brace-allowed flexion advanced if good quad control (good quad set/ability to SLR without pain or lag). May use crutches/cane if needed
- Aquatic therapy if available – pool ambulation or underwater treadmill
- D/C crutches or cane when gait is non-antalgic
- D/C brace and use patellar sleeve when non-antalgic gait and quad control adequate as determined by therapist
- AAROM exercises
- Patellar mobilization
- SLR's in all planes with weights
- Proximal PREs
- Neuromuscular training (bilateral to unilateral support)
- Balance apparatus, foam surface, perturbations
- Short crank stationary bike
- Standard stationary bike (when knee ROM>115)
- Leg press – bilateral/eccentric/unilateral progression
- Squat program (PRE) 0-60 deg
- Open chain quad isotonic (pain free arc of motion)
- Initiate step-up and step-down programs
- Stairmaster
- Retrograde treadmill ambulation
- Quad stretching
- Elliptical machine
- Forward Step-Down Test
- Upper extremity cardiovascular exercises as tolerated
- Cryotherapy
- Emphasize patient compliance to HEP

CRITERIA FOR ADVANCEMENT

- ROM to WNL
- Ability to descent 8-inch stairs with good leg control w/o pain
- Add water exercises if desired (and all incisions are closed and sutures out)

Weeks 14-22

GOALS

- Maximize strength and flexibility as to meet demands of ADLs
- Isokinetic test >85% limb symmetry
- Lack of apprehension with patient specific activities
- Flexibility to accepted levels for patient specific activities
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge

PRECAUTIONS

- Avoid pain with therapeutic exercise and functional activities
- Avoid sport activity until adequate strength development

TREATMENT STRATEGIES

- Progress squat program <90 degree flexion
- Lunges
- Start favored running (treadmill) program at 4 month postop if 8-inch step down satisfactory
- Cont LE strengthening and flexibility programs
- Agility program/sport specific (sports cord)
- Start plyometric program when strength base is sufficient
- Isotonic knee flexion/extension (pain and crepitus-free arc)
- Isokinetic training (fast to moderate to slow velocities)
- Functional testing (hop test)
- Isokinetic testing
- HEP

CRITERIA FOR DISCHARGE

- Symptom free running and sport-specific agility
- Hop test >85% limb symmetry
- Isokinetic test >85% limb symmetry
- Lack of apprehension
- Flexibility to acceptable levels
- Independence with gym program for maintenance and progression of therapeutic exercise program
- Lack of apprehension
- Flexibility to acceptable levels
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge

Concerns or questions:

Meghan (clinical nurse – Dr. Kaar) at **(314) 977-1082** / email: **meghan.gehrs@health.slu.edu**

Julia (clinical nurse specialist – Dr. Kim) at **(314) 577-8524** / email: **santiagoja@slu.edu**

General office at (314) 256-3850 (SLUH South Campus Clinic); (314) 977-1050 (St Mary's Clinic);

Cardinal Glennon (314) 577-5640

Physician Signature: