High Tibial Osteotomy Post-Operative Rehabilitation Protocol

NYU Hospital for Joint Diseases
NYU LANGONE MEDICAL CENTER

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Name: _____   Date: _____

Diagnosis: _____   Date of Surgery: _____

☐ **Phase I: 0-4 Weeks**
- **Weightbearing:**
  - Partial weightbearing (25%) with crutches and brace locked in extension (0-2 weeks)
  - Advance to full weightbearing with crutches and brace locked in extension (2-4 weeks)
- **Hinged Knee Brace:** Locked in extension for all activities (including sleeping) – removed for PT
- **Range of Motion:** AROM/AAROM/PROM – Goal of 0-90 degrees under guidance of PT
- **Therapeutic Exercises:** Heel slides 0-90 degrees, quad sets, ankle pumps, non-weightbearing calf/hamstring stretches, straight leg raise with brace locked in full extension, resisted ankle dorsiflexion/plantarflexion

☐ **Phase II: 4-6 Weeks**
- **Weightbearing:**
  - As tolerated with crutches – hinged brace unlocked
- **Hinged Knee Brace:** Unlocked for ambulation – May remove at night for sleeping
- **Range of Motion:** AROM/AAROM/PROM – Goal of 0-120 degrees under guidance of PT
- **Therapeutic Exercises:** Progress phase I exercises, straight leg raise with out of brace if capable of maintaining fu extension, may add stationary bicycle
  - **No Closed Chain Activities Until 6 Weeks Post-Op**

☐ **Phase III: 6-12 Weeks**
- **Weightbearing:**
  - As tolerated – may discontinue use of crutches – Goal is normal gait pattern
- **Hinged Knee Brace:** Discontinue if capable of straight leg raise without extensor lag
- **Range of Motion:** AROM/AAROM/PROM – Goal: Full pain-free ROM
- **Therapeutic Exercises:** Mini-squats 0-45 degrees, progress to step-ups, leg press 0-60 degrees, closed chain terminal knee extensions, toe raises, balance activities, hamstring curls, may increase to moderate resistance on the stationary bicycle

☐ **Phase IV: 3-9 Months**
- **Weightbearing:**
  - Full weightbearing with a normal gait pattern
- **Range of Motion:** Full pain-free ROM
- **Therapeutic Exercises:** Progress closed chain activities, begin treadmill walking, swimming, and sport specific activities

Comments:

Frequency: _____ times per week   Duration: _____ weeks

Signature: _____   Date: _____