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Standard Proximal Tibial Osteotomy/Distal Femoral Osteotomy Rehabilitation Protocol

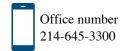
Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0 – 6	 Protect surgical site Full ROM Reduce muscle atrophy Reduce swelling Decrease pain and inflammation 	 ROM: Progressive as tolerated TWB with the knee in full extension using crutches Immobilizer must be on at all times when walking 	 PRICE Cryotherapy: 5-7 times per day Compression with TubiGrip/TEDS ROM: Gradual, progressive Heel slides Patella mobilizations Quadriceps recruitment Global LE and proximal hip musculature activation/strengthening Gait training with crutches Initial Visit: FOTO, LEFS
Weeks 6 – 12	 Discontinue knee immobilizer Full ROM Reduce atrophy/progress strengthening Reduce swelling Normalize gait SLR without extensor lag 	 Progress to WBAT Week 6: 1/3 body weight Week 7: 2/3 body weight Week 8: Full body weight with assistive device Week 9+: Full body weight without assistive device No jogging or sport activity Avoid painful activities/exercises 	 ROM: As tolerated Gait training with/without assistive device Core stabilization exercises Neuromuscular re-education Global LE strengthening Limit knee flexion angles 0-60 degrees Begin functional strengthening exercises (bridge, mini-squat, step up, etc) Double limb to single limb balance/proprioception Aerobic training: Alter-G treadmill walking Pool, once all incisions healed Stationary bike Week 6: FOTO, LEFS
Weeks 12 - 16	 No effusion Full ROM Increase functional LE strength Return to activity as tolerated 	 Progressive loading at greater knee flexion angles No jogging or sport activity Avoid painful activities/exercises 	 Aerobic training Begin non-impact aerobic training (elliptical / stairmaster) Increase loading capacity for lower extremity strengthening exercises Continue balance/proprioceptive training Aerobic training: Alter-G treadmill walk/jog Pool, once all incisions healed Stationary bike/elliptical/stairmaster Week 12: FOTO, LEFS

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient's progress may vary based on specifics to their injury and procedure.







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Weeks 16+

- Full ROM
- Functional strengthening
- Initiate return to jogging/running program
- Initiate basic plyometrics
- Return to sport/activity
- No jogging until week 16 and cleared by surgeon
- No jogging on painful or swollen knee
- No intensive plyometric exercises until week 20 and cleared by surgeon
- Return to sport 6-8 months post-op with surgeon approval
- Gradually increase lifting loads focusing on form, control, and tissue tolerance
- Progress as tolerated: ROM, Strength, Endurance, Proprioception/Balance, agility, Sport specific skills
- Week 16: begin return to jogging/running program with MD clearance
- Week 20: begin higher level plyometric and agility training with surgeon clearance
- Week 16: FOTO, LEFS

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