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Rehabilitation Protocol:

High Tibial Osteotomy Opening Wedge/Distal Femoral Osteotomy Opening Wedge

Name:	Date:
Diagnosis	Date of Surgery:
Phase l	(Weeks 06)
• W	eight Bearing and Range of Motion
	o Toe-touch weight bearing with crutches
_	o ROM: As tolerated unless combined with a meniscus repair or transplant
• Br	race Use
	• Weeks 1-2 - Locked in full extension at all times other than PT
mi	• Weeks 3-6- Brace unlocked at all times and can remove for sleeping
• Th	nerapeutic Elements (No closed chain exercises until 6 weeks post-op) OHeel Slides 0-90°
	0. 10.
	Quad SetsAnkle Pumps
	 Calf/Hamstring Stretches (Non-Weight bearing position)
	 Seated Leg Raise with brace locked in full extension
	Resisted Plantarflexion
DI.	W (W 1 (0)
	II (Weeks 68) eight Bearing and Range of Motion
• 00	
	 Gradual Weaning over 2 week period – WB with 2 crutches, then 1 crutch, then n crutches
• Rr	race Use
₹ Di	Unlocked for ambulation or discontinued
• Tł	nerapeutic Elements
	Continue above
	SLR without brace if able to maintain full extension
	 Initiate stationary bike with low resistance
Phase	III (Weeks 83 months)
• W	eight Bearing and Range of Motion
	o Full weight bearing
_	Discontinue crutches when normal gait
• Br	ace Use

o Mini-squats 0-45° progressing to Step-ups and Leg Press 0-60°

Therapeutic ElementsContinue above

o Discontinue use - per physician



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0	Closed chain terminal knee extensions		
0	Toe raises		
0	Balance activities		
0	Hamstring curls		
0	Increase to moderate resistance on bike		
Phase IV (39 months)			
 Weight Bearing and Range of Motion 			
0	Full		
0	Pain-free		
Brace Use			
0	None		
• Therapeutic Elements			
0	Continue above with increased resistance		
0	Progress closed chain activities		
0	Begin treadmill walking, swimming, and sport-specificactivities		
Comments:			

Signature: ______Date: _____

Duration: _____ weeks

Frequency: _____ times per week