

Rehabilitation Protocol: High Tibial Osteotomy Opening Wedge and Osteochondral Allograft

Name: _____ Date: _____

Diagnosis: _____ Date of Surgery: _____

Phase I (Weeks 0-6)

- **Weight Bearing and Range of Motion**
 - Toe-touch weight bearing with crutches
 - ROM: As tolerated –CPM for 2 hours, 3x daily, from 0-30° of flexion out of brace
- **Brace Use**
 - Locked in full extension at all times other than PT
- **Therapeutic Elements (No closed chain exercises until 6 weeks post-op)**
 - Heel Slides 0-90°
 - Quad Sets
 - Ankle Pumps
 - Calf/Hamstring Stretches (Non-Weight bearing position)
 - Seated Leg Raise with brace locked in full extension
 - Resisted Plantarflexion

Phase II (Weeks 6-8)

- **Weight Bearing and Range of Motion**
 - As tolerated with crutches - begin to advance to a normalized gait pattern without crutches
- **Brace Use**
 - Unlocked for ambulation
 - Remove for sleeping
 - Discontinue CPM if knee flexion is at least 90°
- **Therapeutic Elements**
 - Continue above
 - SLR without brace if able to maintain full extension
 - Initiate stationary bike with low resistance

Phase III (Weeks 8-3 months)

- **Weight Bearing and Range of Motion**
 - Full weight bearing
 - Discontinue crutches when normal gait
- **Brace Use**
 - Discontinue use - per physician
- **Therapeutic Elements**
 - Continue above
 - Mini-squats 0-45° progressing to Step-ups and Leg Press 0-60°
 - Closed chain terminal knee extensions

- Toe raises
- Balance activities
- Hamstring curls
- Increase to moderate resistance on bike



Phase IV (39 months)

- **Weight Bearing and Range of Motion**
 - Full
 - Pain-free
- **Brace Use**
 - None
- **Therapeutic Elements**
 - Continue above with increased resistance
 - **Progress closed chain activities**
 - Begin treadmill walking, swimming, and sport-specific activities

Comments:

Frequency: _____ **times per week**

Duration: _____ **weeks**

Signature: _____ **Date:** _____