

UCLA OUTPATIENT REHABILITATION SERVICES	
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FOR APPTS, CALL: (310) 794-1323	
FAX: (310) 794-1457	

HIGH TIBIAL OSTEOTOMY PHYSICAL THERAPY PRESCRIPTION

Diagnosis: s/p (LEFT / RIGHT) High Tibial Osteotomy
Date of Surgery: _____

POST-OPERATIVE PHASE I (WEEKS 0-2)

Weight Bearing:

Heel touch only

Brace:

On at all times during day and while sleeping
Off for hygiene

ROM:

0-90° at home

Exercises:

- Calf pumps, quad sets
- SLR in brace, modalities

POST-OPERATIVE PHASE II (WEEKS 2-6)

Weight Bearing:

Heel touch only

Brace:

Brace may be removed for sleeping after 4 weeks
Open 0-90° and worn daytime only until 6 weeks

ROM:

Maintain full extension and progress flexion to full

Exercises:

- Progress non-weight bearing flexibility, modalities
- Begin floor-based core and glutes exercises
- Advance quad sets, patellar mobs, and SLR

POST-OPERATIVE PHASE III (WEEKS 6-8)

Weight Bearing:

Advance 25% weekly and progress to full with normalized gait pattern

Brace:

None

ROM:

Full

Exercises:

- Advance closed chain quads, progress balance, core/pelvic and stability work
- Begin stationary bike at 6 weeks
- Advance SLR, floor-based exercise; hip/core

POST-OPERATIVE PHASE IV (WEEKS 8-16)

Weight Bearing:

Full

Brace:

None

ROM:

Full

Exercises:

- Progress flexibility/strengthening, progression of functional balance, core, glutes program
- Advance bike, add elliptical at 12 weeks as tolerated
- Swimming okay at 12 weeks

POST-OPERATIVE PHASE V (WEEKS 16-24)

Weight Bearing:

Full

Brace:

None

ROM:

Full

Exercises:

Advance Phase IV activity

Progress to functional training, including impact activity after 20 weeks when cleared by MD

Treatment: _____ times per week _____ Home Program

Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____ Date: _____
Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

High Tibial Osteotomy

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

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