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**REHAB PROTOCOL: Tibial Tubercle Osteotomy**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

**Phase I: 0-12 Weeks**

- **Weightbearing:**
  - o Toe-touch weightbearing (20%) with crutches (0-6 weeks)
  - o Advance to full weightbearing as tolerated (6-12 weeks)
- **Hinged Knee Brace:**
  - o Locked in extension for all activities (including sleeping)– removed for PT and showering (0-2 weeks)
  - o Unlocked for all activities – removed for PT and showering (2-6 weeks)
  - o Wean from brace (6-8 weeks)
- **Range of Motion:** Immediate ROM as tolerated → AROM/AAROM/PROM: Goal of full ROM by 6 weeks post-op
- **Therapeutic Exercises:**
  - o Weeks 1-6: quad sets, co-contractions, isometric abduction/adduction, ankle strength
  - o Weeks 6-10: straight leg raises, partial wall sits, terminal knee extension with theraband (no greater than 45 degrees), continue previous exercises
  - o Weeks 10-12: hamstring strengthening, theraband resistance 0-45 degrees, light open chain exercises, continue previous exercises

**Phase II: 12-16 Weeks**

- **Weightbearing:** Full with a normalized gait pattern
- **Hinged Knee Brace:** None
- **Range of Motion:** Full/Painless ROM
- **Therapeutic Exercises:** Begin treadmill walking at slow pace, progress to balance and proprioception exercises, initiate sport-specific drills

**Phase III: 16-20 Weeks**

- **Weightbearing:** Full with a normal gait pattern
- **Hinged Knee Brace:** None
- **Range of Motion:** Full/Painless ROM

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- **Therapeutic Exercises:** Advance closed chain strengthening exercises, focus on single leg strength, progress to walking forward and backward on the treadmill, initiate light plyometric training

**Phase IV: 5-6 Months**

- **Therapeutic Exercises:** Continue strength training, emphasize single leg loading, progressive running/agility program
  - o **May return to impact activities/athletics at 12-16 months postop with physician clearance**

**Comments:**

**Frequency:** \_\_\_\_\_ times per week

**Duration:** \_\_\_\_\_ weeks

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_