



Cartilage Repair Center

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Tibial Tubercle Osteotomy

PT Protocol (#1)

Stage 1 – (0-6 weeks)

PRIMARY GOALS

INCREASE TIBIAL-FEMORAL AND PATELLA-FEMORAL MOBILITY
RESTORE QUADRICEPS CONTROL

BRACE	♦Knee immobilizer with ambulation, until good quads control/SLR (~3-6 weeks) Bledsoe Hinge knee brace day 2 post-op to avoid compartment compression, may be out of brace for chair and CPM, brace/immobilizer for ambulation
PRECAUTIONS	♦Heel to toe TDWB-PWB < 40 lbs pressure with crutches
ROM	♦Full PROM and gentle AAROM for flexion, passive extension only, x 6 weeks post-op ♦90 degree leg dangle every hour, every day with massage and deep friction at same time ♦CPM >= 6-8 hours daily for 6 weeks, progress range as tolerated ♦Minimum 90 degree flexion by 2-3 weeks, 120 degrees by 6 weeks, and full ROM by 12 weeks post-op
THEREX	♦Quad sets, NO SLR in knee immobilizer, leg curl/heel slides ♦Stationary bicycle with no resistance once 90 degree knee flexion obtained (~4 weeks)
THERAPY	♦Gentle multi-directional patella mobilization immediately after surgery ♦Cryotherapy and Ace wrap for swelling and pain control ♦E-stim for VMO/quadriceps muscle re-education/biofeedback encouraged early after surgery if needed ♦Gentle massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar fat pad region 2-3 weeks after surgery ♦Whirlpool therapy recommended at 2-3 weeks post-op to enhance motion
COMMENTS	♦ Contact MD if ROM not achieved to within 20 degree of goal ♦No progression of this protocol until cleared by MD at 6 weeks post-op

For Outpatient Physical Therapist:
2-3x week / 6 weeks



ORTHOPEDIC & SPINE INSTITUTE

at St. Mary's Medical Center