



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 postop to avoid compartment compression
May be out of brace for chair and CPM, Brace/ immobilizer for ambulation
- PRECAUTIONS**
- ◆ Heel-toe TDWB-PWB < 40 lbs pressure with crutches
- ROM**
- ◆ Full PROM and gentle AAROM for flexion, passive extension only X 6 wks postop.
 - ◆ CPM >= 6-8 hours daily x 6 weeks. Progress range as tolerated.
 - ◆ Goal: Minimum 90 degrees flexion by 2-3 weeks, 120 degrees by 6 weeks, and FROM by 12 weeks post-op.
- THEREX**
- ◆ Quad sets, NO SLR in knee immobilizer, leg curl/heel slides.
 - ◆ Stationary bicycle with no resistance once 90 degrees knee flexion obtained (~ 4 weeks).
- THERAPY**
- ◆ Gentle multi-directional patella mobilization immediately after surgery.
 - ◆ Cryotherapy and compression stockings/TEDS 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 degrees of goal.
 - ◆ No progression of this protocol until cleared by M.D at 6 weeks post-op.

Rx: Physical Therapy 1-3x/week x 8-12 weeks



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