

**HIGH TIBIAL OSTEOTOMY (HTO), TIBIAL TUBERCLE OSTEOTOMY (TTO), AND DISTAL FEMORAL OSTEOTOMY (DFO)
REHABILITATION PROTOCOL**

	BRACE	WEIGHT BEARING	ROM	THERAPEUTIC EXERCISE
PHASE I 0 - 6 WEEKS	Locked in knee flexion 20 – 30° when ambulating May come out of brace for exercises and CPM use	Non-weight bearing	Begin CPM 0 - 30°, increase 5 – 10°/day as tolerated TTO has max of 90° by week 6 DFO & HTO can continue ROM as tolerated CPM 6 hours total per day 2 hours 3x/day, for 6 weeks	<ul style="list-style-type: none"> • Calf and hamstring stretch • Ankle pumps/strengthening, isometric quad, hamstring and glut sets • SLR (HTO & DFO only) • Assisted SLR (TTO) • Patellar mobilization • Ice and modalities for pain management and inflammation
PHASE II 6 – 8 WEEKS	D/C brace per physician	Weight bearing as tolerated	Progress to full ROM	<ul style="list-style-type: none"> • SLR (HTO, TTO, DFO) • Continue strengthening • Patellar mobility • Closed kinetic chain strengthening program (TKE, mini squats 0 - 40°, leg press 0 - 60°, etc.)
PHASE III 8 WEEKS – 3 MONTHS	N/A	Full weight bearing, normalized gait	Achieve full ROM, pain free	<ul style="list-style-type: none"> • Initiate treadmill walking, stationary bike and/or elliptical • Progress open to closed kinetic chain multi-plane exercises (bilateral to unilateral) • Initiate proprioceptive activities
PHASE IV 3 – 9 MONTHS	N/A	Full weight bearing, normalized gait	Full ROM, pain free	<ul style="list-style-type: none"> • Sport specific activities, continue with strength training activities • Advance open and closed kinetic chain strengthening • Initiate running and sprinting program