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Physical Therapy Prescription Osteotomy

Patient Name: _____

Today's Date: _____

Surgery Date: _____

Dx: s/p (LEFT / RIGHT) Osteotomy (High Tibial / Distal Femoral)

0 to 6 Weeks

- TTWB with Brace in Extension x 6 weeks, may begin PWB with crutches based on pain
- Ice / Massage / Anti-Inflammatory Modalities
- Range of Motion – No limits when in a non-WB position
- Straight leg raises / Quad sets – No weight x 6 weeks
- Stationary bike – No resistance – “Rock to Range”

6 - 12 Weeks

- WBAT after 6 weeks, use assistive devices as needed for pain and gait
- CKC strengthening as pain and WB allows, progressive overload
 - Push movements/lifts/variations
 - Hip hinge movements/lifts/variations
- Exercise Bike Stairclimber Cybex
- Achilles tendon stretching
- Medial Patella Glides
- Electrical Stimulation for Quadriceps
- Hydrotherapy

12-20 Weeks

- No impact activities until 12 weeks post op
- Continue progression of exercises from above
- Begin jogging once eccentric step down is symmetric. Favor low impact activities over jogging.
- Sagittal plane motions okay
- Strength training with progressive overload okay
 - LE push movements
 - Hip hinge movements

20+ Weeks

- May begin transverse plane motions in controlled environment provided patient has dynamic control of knee
- Small jumps / easy plyometrics can begin in supervised environment

Full release at 6 months post op

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks

**Please send progress notes.

Physician's Signature: _____ **M.D.**