

Physical Therapy Prescription Osteotomy

Patient Name:

Today's Date:

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

Modalities:

0 to 6 Weeks

- TTWB with Brace in Extension x 6 – 8 weeks
- Ice / Massage / Anti-Inflammatory Modalities
- Range of Motion Active / Active-Assisted / Passive
 - Limit ROM to _____° deg for first 4 weeks, then may progress ROM
 - CPM 3-4 hrs per day for first 6 weeks
- Quadriceps and Hamstring stretching
- Straight leg raises / Quad sets
- Quadriceps Strengthening ___ V.M.O. Strengthening
 - Full Arc 0-30° Arc

6 - 12 Weeks

- WBAT after 6 weeks, begin PWB
- Hamstring Strengthening
- Iliotibial Band stretching / strengthening
- Adductor/Abductor stretching / strengthening
- CKC strengthening as pain and WB allows
- Exercise Bike ___ Stairclimber ___ Cybex
- Achilles tendon stretching
- Medial Patella Glides
- Electrical Stimulation for Quadriceps
- Hydrotherapy

12+ 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.
- Agility drills

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

**Please send progress notes.

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



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