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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)

MODALITIES

TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	BRACE	EXERCISES
0-6 weeks	TDWB	Begin 0-90°. CPM 0-30, advance as tolerated.	First 2 weeks: Brace in full extension except when doing motion exercises. May unlock hinged knee brace at 2 weeks during day but lock in full extension at night.	Heel slides, quad sets, straight leg raises. Hamstring and calf stretching.
6-8 weeks	PWB with progression to WBAT	Increase as tolerated	May discontinue.	Continue previous exercises. May use stationary bike without resistance.
8-12 weeks	Full weight bearing. Use one crutch if walking with limp.	Work towards full ROM.	None	Continue previous exercises. Mini squats. May do stationary bike with increased resistance. Swimming.
3-6 months	Full weight bearing.	Full ROM	None	Treadmill/walking program. Continue to increase activities as tolerated.

Physical therapy to evaluate and treat for post-op osteotomy

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

**Please send progress notes.

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