



TIBIAL TUBERCLE OSTEOTOMY (TTO) PROXIMALIZATION (WITH OR WITHOUT LYSIS OF ADHESIONS) PROTOCOL

Name: _____

Diagnosis: _____

Date of Surgery: _____

Frequency: 1 2 3 4 times / week Duration: 1 2 3 4 5 6 Weeks

____ Weeks 0-2:

- Heel-touch weight bearing with crutches with brace locked in extension
- CPM 6-8 hours per day from 0-45 degrees
- NO active knee extension; PASSIVE EXTENSION ONLY from 0-45 degrees with brace on
- Brace set from 0-45 degrees and wearing at all times except for personal hygiene
- Heel slides, quad sets, patellar mobs, ankle pumps

____ Weeks 2-6:

- Continue heel-touch weight bearing and exercises from weeks 0-2
- CPM 6-8 hours per day from 0-90 degrees
 - Discontinue CPM when 90 degrees of flexion obtained by goniometer
- NO active knee extension, PASSIVE EXTENSION ONLY may be increased from 0-90 degrees
- Straight leg raise in brace with brace locked in full extension
- Focus on regaining full extension; brace may be removed at night
- Begin floor-based core, hip, gluteal work; advance quad sets and patellar mobs

____ Weeks 7-8:

- D/c brace and crutches as tolerated
- Advance weight bearing (25-50%/week) with goal of full weight bearing by 8 weeks
- Advance PROM → AAROM → AROM unrestricted with goal of full ROM by 8-10 weeks
- Stationary bike and straight leg raises; advance core/glut/hip work; closed chain quads

____ Weeks 9-16:

- Progress flexibility and strengthening; continue functional balance, core/glut program
- Progress closed chain quad program
- Advance bike work after 12 weeks; elliptical and swimming allowed at 14 weeks

____ Months 4+:

- Impact activity progression allowed (Alter-G/pool running → normal jogging)
- Maximize single leg dynamic and static balance
- Gluteal/pelvic stability/core and closed chain quadriceps program with transition to HEP
- Sport specific training once cleared by MD

Signature _____

Date: _____