

PHYSICAL THERAPY PRESCRIPTION



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PATIENT STICKER

KNEE CORRECTIVE OSTEOTOMY PROTOCOL

Surgical Date: _____

Side: Right Left

Diagnosis: HTO DFO Other: _____

Postop	Goals	Precautions	Exercises
Weeks 0-6 HEP daily	Full passive extension ROM 0-120° Patella mobility Edema and pain control SLR without lag Promote independence	TTWB (20%) After week 2, advance WB 25% per week until FWB Brace at 0° for ambulation x 2 weeks, then open 0-60° with crutches abiding with WB restrictions Brace locked at 0° for sleep	A/AA/PROM emphasize extension Patella mobilization Quad re-education and SLR Hip/Core training Short crank ergometry (ROM>85°)
Weeks 6-12 HEP daily	Full ROM Normalize patella mobility Edema and pain control Improve quad control Promote independence	WBAT DC brace when adequate quad	AAROM knee flexion/extension Standard ergometry (ROM>115°) Patella mobilization Quad re-education Proprioceptive training Hip/Core training Bilateral leg press 0-60°
Weeks 12-16 HEP daily	Full ROM Descend 8" step with control Improve endurance Protect patellofemoral	WBAT Avoid painful activities No running	Progress squat/leg press Forward step-up/down program Advance proprioceptive training Elliptical, retrograde treadmill
Weeks 16-24 HEP daily	Symptom free running Improve strength/flexibility Hop Test >85% limb symmetry	Avoid painful activities 4 months: Low-impact sport allowed (golf, swimming, rollerblading, and cycling) 5-6 months: Moderate-impact sports allowed (jogging, running, aerobics) 6-8 months: High-impact sports allowed (tennis, basketball, football, and baseball)	Progress squat program <90° flexion Forward running program at 5 months (when 8" step down OK) Advance agility program Plyometrics when sufficient base
Weeks 24+ HEP daily	No apprehension with sport specific movements Strength and flexibility to meet sporting demands	Avoid painful activities No sport until MD clearance	Advance flexibility/agility/plyometrics Sport specific training

Frequency & Duration: 1-2 2-3 x/week for _____ weeks _____ Home Program

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