

HTO REHAB PROTOCOL

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Patient: _____
 D.O.S. _____

	WEEK 1 Begins DOS	WEEK 2-3	WEEK 4-5	WEEK 6-7	WEEK 8-10	WEEK 11-12
Weight Bearing	NWB	TTWB	25%	50%	75% Progress to 100% with 2 crutches	100%
Brace Settings	0/0	Week 2 Week 3 0/0 0/50	0/60	0/70	Increase brace flexion settings weekly as appropriate per patient. D/C brace per MD	
PROM Goals	0-50	0-60	0-80	Increase each week until full PROM		
AROM Goals	0-50	0-60	0-75	Increase each week until full AROM		
PT visits/week	NONE	1-2	2-3	2-3	2-3	2-3
Shower	NO	W/O Brace		Sleep w/o brace		
Exercises	QUAD SETS					
	SLR's with brace			without brace		
	Ankle pumps	Patellar mobilizations				
	Heel slides	Progress to wall slides as needed				
		Hip Strengthening (supine, side lying and prone), add resistance proximal to knee				
	NOTE:	Seated swiss ball per ROM and WB guidelines for PROM and proprioception				
		CKC quad ex (as per WB guidelines)				
		BAPS partial WB----- full WB				
		Stationary Bike (per ROM and WB guidelines)				
	*PT visits/wk may vary.				Total Gym per WB guidelines	
	*Weight bearing may be progressed as per MD, based on x-ray				Heel raises	
	*FOLLOW MD's INSTRUCTIONS.				Step ups, front and lateral	
	*Return to work/recreational activities by MD only.	Balance and proprioception. Dynamic Balance				
		<i>Avoid high impact exercise. Low impact exercise as tolerated. Avoid pain and discomfort at the joint line. Maintain proper hip and knee alignment.</i>				
	Any Questions? Please contact Northwoods Therapy Associates					
Altoona, WI (715) 839-9266 Chippewa Falls, WI (715) 723-5060						