

High Tibial Osteotomy

Name of Protocol/Regime	Consultant	Updated On	Updated By	Review Date
HTO Uni/Bilateral	Mr Nita	Sept 2018	P.J.HAMPTON	Aug 2020

Please note that surgeons may have different post op instructions which must be adhered to
Inpatients

On-Discharge

- Photocopy op. notes to attach to referral.
- Plan for D/C ,refer to outpatients and complete D/C summary.
- Refer to OT for ADL's as required.
- Ensure that the Patient has the initial exercise sheet as required.

Outpatients – Operation notes must be attached

Post-op 0-4 weeks

GOALS- Control pain

Control swelling

SLR without lag

Aim for 90 degrees knee flexion and 0 degrees extension with ortho glide and mobile patella

THERAPY GUIDELINES

Sliding board transfers in W/Chair for min of 4/52

4/52 PWB with EC,s

4 – 6 weeks

GOALS

Reduce pain meds as appropriate

Increase control SLR

Progress ROM knee flex/ext to accommodate static bike

Control swelling

Advance to normal gait pattern without EC,s

THERAPY GUIDELINES

Driving maybe commenced when functional ROM and FWB

Early proprioceptive training

Hydrotherapy

Low resistance bike

6-12 weeks

GOALS

FROM

Full strength

FWB (unless surgeons notes advise otherwise)

THERAPY GUIDELINES

Increased resistance on static bike.

Rower

Treadmill walking

Stepper

core control (Basic Swiss ball)

WB strengthening

12weeks-6/Months

GOALS

Normal strength

Jogging

Increase in eccentric control

THERAPYGUIDELINES

Single leg dips

Open chain resisted exs

Back to work

6 months +

GOALS

Return to functional activities

Progress to sports specific activities (If appropriate)

THERAPY GUIDELINES

No restrictions

Running

Shuttle runs

Cutting