High Tibial Osteotomy

<table>
<thead>
<tr>
<th>Name of Protocol/Regime</th>
<th>Consultant</th>
<th>Updated On</th>
<th>Updated By</th>
<th>Review Date</th>
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<tbody>
<tr>
<td>HTO</td>
<td>DAWSON</td>
<td>Jan 2016</td>
<td>P.J.HAMPTON</td>
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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**

Immediate WB as tolerated with ECs
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

THERAPY GUIDELINES
Increased resistance on static bike.
Rower
Treadmill walking
Stepper
core control (Basic Swiss ball)

12weeks-6/Months
GOALS
Normal strength
Jogging
Increase in eccentric control

THERAPY GUIDELINES
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