

Corrective Knee Osteotomy (Distal Femoral / Proximal Tibial) Physical Therapy Protocol

Postop	Goals	Precautions	Exercises
Weeks 0-8 PT 1-2x/week HEP daily	Full passive extension ROM 0-90° Patella mobility Edema and pain control SLR without lag Promote independence	Weeks 0-4: TTWB (20%) Brace at 0° for ambulation & sleep Limit knee flexion: 0-90° Weeks 4-8: WBAT Brace unlocked with crutches Brace no longer needed for sleep Limit knee flexion to 120°	A/AA/PROM emphasize extension Patella mobilization Quad re-education and SLR Hip/Core training Short crank ergometry (ROM>85°)
Weeks 8-12 PT 2-3x/week HEP daily	Full ROM Normalize patella mobility Edema and pain control Improve quad control Promote independence	DC brace	AAROM knee flex/extension Quad re-education Proprioceptive training Hip/Core training Bilateral leg press
Weeks 12-16 PT 1-2x/week HEP daily	Full ROM Descend 8" step with control Improve endurance Protect patellofemoral	May begin running on Alter-G	Progress squat/leg press Forward step-up/down Advance proprioceptive training Elliptical, retrograde treadmill
Weeks 16-24 PT 1-2x/week HEP daily	Symptom free running Improve strength/flexibility Hop Test >85% limb symmetry	Avoid painful activities 4 months: Low-impact sport allowed (golf, swimming, skating, 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+ PT 1x/week HEP daily	No apprehension with sport specific movements with goals to meet sporting demands	Avoid painful activities No sport until MD clearance	Advance flexibility/agility/plyometrics Sport specific training