

# 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	JD 10/10 TB/BC 0/0	Week 2 Week 3 JD 10/10 10/50 TB/BC 0/0 0/50	JD 10/60 TB/BC 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	<b>QUAD SETS</b>					
	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				
	<b>NOTE:</b>	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	
		<b><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></b>				
	<b>Any Questions? Please contact Northwoods Therapy Associates</b>					
<b>Altoona, WI (715) 839-9266 Chippewa Falls, WI (715) 723-5060</b>						