Distal Patellar Realignment (Tibial Tubercle Transfer) Protocol

Dr. John Drawbert

Chippewa Valley Orthopedics & Sports Medicine

1200 OakLeaf Way, Suite A Altoona, WI 54720 757 Lakeland Drive, Suite B Chippewa Falls, WI 54729

Patient:	
DOS:	

	Week 1	Week 2	Week 3	Week 4	Week 5	Wee	ek 6	Week 7	Week 8	Months 3-6
Weight									D/C	Swimming can
Bearing	25%	25%	25-50%	25-50%	75%	100	%	100%	Crutches	start
										at week 9.
Brace									D/C	G
Settings	10/10	10/10	10/10	0/60	0/60	0/	60	0/60	Brace	Continue with strengthening
_										programs
										working towards
PROM	0-60	0-70	0-90	Increase as tolerated to full range of motion Full					80-90% of	
Goal										opposite side.
AROM	0-50	0-60	0-70	Increase	Increase as tolerated to full range of motion F				Full	
Goal										To progress to a
heelslide										running program,
PT	0	2-3	2-3	2-3	2-3	2-3	2-3		2-3	should be cleared
visits/week										by MD and have functional
Shower	No	With brace	No Brace		Sleep no brace					strength of 70%.
Exercises	Quad Sets		Continue with these, increasing reps and adding							Functional
Follow	SLR's wit								Testing	
MD		Patellar Mobs-	emphasis on til	lts						appropriate for
instruction,		Multi-hip isotonics								jump program,
based on		Ham curls AA to active to resisted								agility,
x-ray.		-	BAPS						plyometrics and	
			Stationary Bike						return to work or school.	
Follow all			Closed Kinet	school.						
ROM and										
WB			Heel Raises Total Gym, Partial Squats							Patient should
restrictions			Treadmill Walking							have no pain or
with			Dynamic Balance							swelling with
exercises.				Step-ups				progression of		
					Resisted Ambulation, Balance and			functional tasks.		
September 2015								ioception	ion, Daiance and	
September 2013							TTOPI	1000ption		Return to high
										level tasks with
										80-90% strength
										of quadriceps.