Dr. Nate Stewart, Dr. Jose Padilla HTO REHAB PROTOCOL

Patient:_____ D.O.S._____

Chippewa Valley Orthopedics & Sports Medicine 1200 OakLeaf Way, Suite A Altoona, WI 54720 Chippewa Falls, WI 54729

	WEEK 0 Begins DOS	WEEK	1-3	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	0/0	Week 2 0/0	Week 3 0/50	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 w	rease each week until full PROM		
AROM Goals	0-50	0-60		0-75	Increase each w	rease each week until full AROM		
PT visits/week	NONE	1-2		2-3	2-3	2-3	2-3	
Shower	NO	W/O Br	Brace Sleep w/o brace					
Exercises	QUAD SETS							
	SLR's with brace					without brace	without brace	
	Ankle pumps							
	Heel slides	Progress to wall slides as needed						
	Hip Strengthening (supine, side lying and prone), add resistance proximal to knee							
				Seated swiss ball per ROM and WB guidelines for PROM and proprioception				
	NOTE:							
			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 Gyr	1 per WB guidelines		
	*Weight bearing may be progressed as				Heel rais	es		
	per MD, based on x-ray *FOLLOW MD's INSTRUCTIONS.					Step ups, front and lateral		
						Balance and proprioception. Dynamic	c Balance	
	*Return to work/recreational activities by Avoid				id high impact ever	impact exercise. Low impact exercise as tolerated. Avoid pain and		
	, it chaining in inplace exceeded					-	-	
	alscomort at the joint line. M					ine. Maintain proper hip and knee alignmer	π.	
	Any Questions? Please contact Northwoods Thera				• •			
	Altoona, WI (715) 839–9266 Chippewa Falls, WI (715				(715) 723–5060	Revie	ewed September 20	