



Closed Wedge High Tibial Osteotomy

ROSENBERG COOLEY METCALF

THE ORTHOPEDIC CLINIC AT PARK CITY

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- Bracing**
- 1) Brace locked at 20° for the first 4 weeks except for range of motion exercises
 - 2) Open brace for ambulation following x-ray exam (approximately post-op week 4)
 - 3) Sleep without the brace on post-op week 4
 - 4) Discontinue brace for ADLs (Activities of Daily Living) on post-op week 6.
 - 5) Continue brace for rehab exercise until 4 months post-op
- Range of Motion**
- 1) Begin patellar mobilization immediately post-op
 - 2) Range of motion exercise to begin immediately post-op. Goal: 0-90° at week 4.
 - a. Flexion
 - Wall slides
 - Chair slides
 - b. Extension
 - Extension sitting
 - Prone extension
 - Gastroc/hamstring stretch
 - 3) Progress range of motion to full beginning week 5
 - 4) Full range of motion by post-op week 8
- Weight Bearing**
- 1) Begin 25% weight bearing following x-ray exam (approximately post-op week 4)
 - 2) Add 25% weight bearing every 2-3 days until 100%
- Conditioning and Strength Training**
- 1) Stationary biking to begin when weight bearing is initiated
 - 2) Mini-squats/leg press/toe raises/ham curls to begin when 50% weight bearing
 - 3) Stairmaster/treadmill walking to begin when 100% weight bearing
- Lifestyle Modifications**
- 1) Achieve an optimal body weight
 - 2) Wear shock-absorbing shoes and avoid hard surfaces
 - 3) Safe exercise every day – Top 10 recommended activities
 - a. Swimming
 - b. Aquatic exercises
 - c. Biking
 - d. Health rider
 - e. Rowing machine
 - f. Walking
 - g. Golf
 - h. Light hiking
 - i. Cross country skiing
 - j. Low impact aerobics
 - 4) Proper nutrition through diet and supplementation:
 - a. Calcium 600 to 1200 mg
 - b. Vitamin C 1500 mg
 - c. Vitamin E 400 IU (international units)
 - d. Magnesium 400 mg
 - e. Multivitamin that includes trace minerals
 - f. Glucosamine (750 mg) and chondroitin (600 mg). Double this quantity for the first 3 months.

