Rehabilitation Protocol: Tibial Tubercle Osteotomy
(Fulkerson Osteotomy, Distal Realignment)

Name: ___________________________________________ Date: __________________________

Diagnosis: ________________________________________ Date of Surgery: ________________

Phase I (Weeks 0 – 12)
• Weightbearing:
  o Toe-touch weightbearing (20%) with crutches (0-6 weeks)
  o Advance to full weightbearing as tolerated (6-12 weeks)
• Hinged Knee Brace:
  o Locked in extension for all activities (including sleeping) – removed for PT and showering (0-2 weeks)
  o Unlocked for all activities – removed for PT and showering (2-6 weeks)
  o Wean from brace (6-8 weeks)
• Range of Motion: Immediate ROM as tolerated à AROM/AAROM/PROM
  o Goal of full ROM by 6 weeks post-op
• Therapeutic Exercises:
  o Weeks 1 – 6: quad sets, co-contracting, isometric abduction/adduction, ankle strength
  o Weeks 6 – 10: straight leg raises, partial wall sits, terminal knee extension with theraband (no greater than 45 degrees), continue previous exercises
  o Weeks 10 – 12: hamstring strengthening, theraband resistance 0-45 degrees, light open chain exercises, continue previous exercises

Phase II (Weeks 12 – 16)
• Weightbearing: Full with a normalized gait pattern
• Hinged Knee Brace: None
• Range of Motion: Full painless ROM
• Therapeutic Exercises: Begin treadmill walking at slow pace, progress to balance/proprioception exercises, initiate sport-specific drills

Phase III (Weeks 16 – 20)
• Weightbearing: Full with a normalized gait pattern
• Hinged Knee Brace: None
• Range of Motion: Full painless ROM
• Therapeutic Exercises: Advance closed chain strengthening exercises, focus on single leg strength, progress to walking forward and backward on the treadmill, initiate light plyometric training

Phase IV (Months 5 – 6)
Therapeutic Exercises: Continue strength training, emphasize single leg loading, progressive running/agility program
  • May return to impact activities/athletics at 12 – 16 months postop with physician clearance

Comments:

Frequency: _____ times per week Duration: ______ weeks

Signature: _______________________________ Date: __________________________

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