

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



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Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0 - 12)

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