



# Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

## **TIBIAL TUBERCLE EXCISION (OSGOOD-SCHLATTER)**

### **PHYSICAL THERAPY PROTOCOL**

**Bryan M. Saltzman, M.D.**

Indiana University Health Physicians

Assistant Professor of Orthopaedic Surgery, Indiana University

Sports Medicine, Cartilage Restoration, Shoulder/Elbow

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202

IU Health North – 201 Pennsylvania Pkwy #100, Carmel, IN 46280

317-944-9400

[www.bryansaltzmanmd.com](http://www.bryansaltzmanmd.com)

**Patient Name:** \_\_\_\_\_ **Date of Surgery:** \_\_\_\_\_

\_\_\_ **Evaluate and Treat**                      \_\_\_ **Provide patient with home program**

**Frequency:** \_\_\_\_\_ x/week    x    \_\_\_\_\_ weeks

	<b>WEIGHT BEARING</b>	<b>BRACE**</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I</b>  0-2 weeks	Full in Brace locked in extension*	Locked in full extension for sleeping and all activity*	0-90° when non-weight bearing	Heel slides, quad sets, patellar mobs, SLR, SAQ  Calf pumps



		Off for exercises and hygiene		<b>No weight bearing with flexion &gt;90°</b>
<b>PHASE II</b> 2-6 weeks	<b>2-4 weeks:</b> As per patient PT Rx  <b>4-6 weeks:</b> Full w brace	<b>2-4 weeks:</b> As per patient PT Rx  Discontinue brace at 6 weeks	As tolerated	Addition of heel raises, total gym (closed chain), terminal knee extensions  Activities w/ brace until 6 weeks; then w/o brace as tolerated  <b>No weight bearing with flexion &gt;90°</b>
<b>PHASE III</b> 6-12 weeks	Full	None	Full	Progress closed chain activities  Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes  Begin stationary bike when able  Swimming okay at 8 wks
<b>PHASE IV</b> 12-20 weeks	Full	None	Full	Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike  Advance to sport-specific drills and running/jumping after 12 wks once cleared by MD

\*Brace may be removed for sleeping after first post-operative visit (day 7-10)

\*\*A Brace may or may not be prescribed for this procedure. Brace settings may vary depending on nature of exact procedure. Please refer to specific PT Rx provided.

**By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient \_\_\_ would \_\_\_ would not benefit from social services.**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Bryan M. Saltzman, MD**