



TIBIAL TUBERCLE EXCISION (OSGOOD-SCHLATTER)

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

___ **Evaluate and Treat**

___ **Provide patient with home program**

Frequency: _____x/week x _____weeks

	WEIGHT BEARING	BRACE**	ROM	EXERCISES
PHASE I 0-2 weeks	Full in Brace locked in extension*	Locked in full extension for sleeping and all activity* Off for exercises and hygiene	0-90° when non- weight bearing	Heel slides, quad sets, patellar mobs, SLR, SAQ Calf pumps No weight bearing with flexion >90°
PHASE II 2-6 weeks	2-4 weeks: As per patient PT Rx 4-6 weeks: Full w/o brace	2-4 weeks: As per patient PT Rx Discontinue brace at 4 weeks	As tolerated	Addition of heel raises, total gym (closed chain), terminal knee extensions Activities w/ brace until 4 weeks; then w/o brace as tolerated



				No weight bearing with flexion >90°
PHASE III 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
PHASE IV 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:** _____

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