



Nathan A. Mall, MD, CIME
The Orthopedic Center of St. Louis
Cartilage Restoration Center of St. Louis
14825 N. Outer 40, Suite 200; Chesterfield, MO 63017
P: 314.336.2555 F: 866.276.7014

Post-Operative Protocol- Tibial Tubercle Realignment

Patient Name: _____ Date: _____

Diagnosis: _____ Date of Surgery: _____

____ Provide patient with home exercise program

0-6 Weeks:

- Strict TDWB with crutches
- Brace Locked in extension for WB
- May remove brace for ROM/hygiene
- Unlimited ROM as tolerated (Passive, Active Assist)
- Quad sets, co-contraction, ankle pumps

6-12 Weeks:

- Advance to PWB (50%) weeks 6-8
- May advance WBAT after week 8
- Unlock brace, D/C crutches when quad function adequate.
- May wean from brace after 8 wks. as tolerated.
- Full unlimited Active/Passive ROM. Advance as tolerated.
- Continue SLR, Quad sets. Advance to light open chain exercises, mini squats.
- Begin hamstring strength week 10.

12-16 Weeks

- Full gait with normalized pattern.
- Full ROM
- Begin treadmill walking
- Progress to balance/Proprioception exercises.
- Initiate sport specific drills

> 16 Weeks:

- Advance closed chain exercises.
- Focus on single leg strength
- Begin light Plyometric program
- Emphasize single leg loading

____ Other:

Modalities: _____ Electric Stimulation _____ Ultrasound _____ Heat before/Ice after

Frequency: _____ x/ week x _____ weeks

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