Baylor Scott & White
ORTHOPEDIC ASSOCIATES OF DALLAS
A member of HealthTexas Provider Network

Manoj P. Reddy, MD
Sports Medicine & Shoulder Surgery
Orthopedic Associates of Dallas
469.800.7200 office | 469.800.7210 fax
DallasOrtho.com | ReddyOrtho.com

High Tibial Osteotomy (HTO)

REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	BRACE / WEIGHT BEARING	THERAPEUTIC EXERCISE
Phase I **0–6 weeks** GOAL TO ADVANCE *Flexion 0-120°; leg raise without lag*	Passive and assisted motion: 0-90° (weeks 0-4), 0-120° (weeks 4-6). No active knee straightening against resistance	Weeks 0-4: non-weight bearing or touch-down weight bearing. Weeks 4-6: progress to partial weight bearing. Hinged brace locked straight for walking until good quad control*	Quad and glute sets, straight-leg raises, hip strengthening; bike without resistance
Phase II **7–12 weeks** GOAL TO ADVANCE *Full motion; normal gait; quad strength >70%*	Full by 8-12 weeks	Weight bearing as tolerated per x-ray; brace unlocked; discontinue at 8 weeks	Leg press, partial wall squats 0-45°, step-ups, bridges, Romanian deadlift, hamstring curls; light bike; elliptical at weeks 9-10
Phase III **13–16 weeks** GOAL TO ADVANCE *Strength ≥80% of other side*	Full	Full	Single-leg strengthening and balance; bike, elliptical, treadmill walking. No running before 4 months
Phase IV **4–9 months** GOAL TO ADVANCE *Strength and hop tests ≥90%*	Full without discomfort	—	Running at 4 months; plyometrics and agility at 4.5-5 months; return to sport at 7-9 months**

NOTES

*Weight bearing is protected until the osteotomy heals on x-ray

**If approved by physician

This protocol is a guideline. Your surgeon may adjust it based on your surgery and progress.
Call the office for fever, wound drainage, calf pain or swelling, or new numbness or tingling.

Questions: 469.800.7200
Rev. 10/2026