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Tibial Tubercle Osteotomy (TTO)

REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	BRACE / WEIGHT BEARING	THERAPEUTIC EXERCISE
Phase I **0–2 weeks** GOAL TO ADVANCE *Full extension; flexion 0-90°*	Full extension; flexion goal 0-90° by first visit	Brace locked straight at all times, including sleep (off for hygiene and exercise). Heel-touch weight bearing with crutches*	Calf pumps, quad sets, straight-leg raises in brace, ice
Phase II **2–6 weeks** GOAL TO ADVANCE *Full extension; flexion progressing*	Maintain full extension; progress flexion	Brace unlocked 0-90°; off at night. Heel-touch weight bearing continues*	Non-weight-bearing flexibility, floor-based hip/glute/core work, quad sets, straight-leg raises, kneecap mobilization
Phase III **6–8 weeks** GOAL TO ADVANCE *Full weight bearing with normal gait*	Full	Wean crutches to full weight bearing; discontinue brace with normal gait	Closed-chain quad strengthening, balance, core and pelvic stability; stationary bike from 6 weeks
Phase IV **8–16 weeks** GOAL TO ADVANCE *Quad strength ≥70-80% of other side*	Full	Full	Strengthening and functional balance; outdoor cycling, elliptical and swimming after 12 weeks
Phase V **4–6+ months** GOAL TO ADVANCE *Physician clearance*	Full without discomfort	—	Single-leg strength and balance; running and sport-specific drills after 16 weeks**; return to sport at about 6 months

NOTES

*Weight bearing is protected until the osteotomy heals on x-ray; early overloading can fracture the tibia

**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
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