



## Physical Therapy Tibial Tubercle Transfer

Post-op protocol

Date of Surgery: \_\_\_\_\_

Surgeon: \_\_\_\_\_

**WB Precautions: TTWB (20%) with bilateral crutches 0-4 wks, wean off crutches at 4 wks WBAT with brace locked in full extension**

**Brace: Locked in extension (0) for weightbearing 0-8 wks, slowly wean off brace at 8 wks. May have brace unlocked when not ambulating.**

Cartilage status/activity goals: \_\_\_\_\_

Next Follow up: \_\_\_\_\_

**\*\*\*If the patient has had a concurrent procedure, please contact MD to clarify protocol and assume to defer to most restrictive procedure's protocol to protect the repair or reconstruction**

	Intervention	Milestones
0-2 wks	<ul style="list-style-type: none"> <li>-Brace locked in extension during ambulation, may unlock when not ambulating</li> <li>-TDWB (20%) with bilateral crutches</li> <li>-Modalities controlling swelling</li> <li>-Patellar mobs</li> <li>-ROM 0-60</li> <li>-sub max quad sets with NMES prn</li> <li>-core activation ex</li> </ul>	<ul style="list-style-type: none"> <li>-ROM 0-60 AROM/PROM</li> <li>-active quad contraction with superior migration of the patella</li> </ul>
2-4 wks	<ul style="list-style-type: none"> <li>-Brace locked in extension for weightbearing, unlock when not ambulating</li> <li>-TDWB (20%) with bilateral crutches</li> <li>- continue inflammation control</li> <li>-patellar mobs</li> <li>-quad sets</li> <li>- SLR if able to do painfree</li> <li>-ROM 0-90</li> <li>-global NWB LE strengthening ex</li> </ul>	<ul style="list-style-type: none"> <li>-0-90 AROM/PROM</li> <li>-controlled swelling</li> <li>-active SLR without pain or extension lag</li> </ul>
4-6wks	<ul style="list-style-type: none"> <li>-Brace locked at 0-30 for weightbearing, unlock when not ambulating, at <b>5 wks</b> can unlock 0-50 for weightbearing and unlock when not ambulating</li> <li>-WBAT wean from crutches as tolerated</li> <li>-ROM 0-120</li> </ul>	<ul style="list-style-type: none"> <li>-active SLR without extension lag</li> <li>-gait in brace locked at 0 without AD</li> <li>-ROM 0-120 AROM/PROM</li> </ul>
6-8 wks	<ul style="list-style-type: none"> <li>-Brace locked at 0-60 for weightbearing, unlock when not ambulating, at <b>7 wks</b> can lock 0-90 for weightbearing and unlock when not ambulating</li> <li>-ROM 0-full with gradual progression</li> <li>-SAQ, LAQ without resistance</li> <li>-bike with minimal resistance</li> <li>-proprioception activities</li> </ul>	<ul style="list-style-type: none"> <li>- ROM to full</li> <li>-Single leg standing balance 30 sec</li> </ul>
8-16wks	<ul style="list-style-type: none"> <li>-wean out of brace-</li> <li>-increase resistance on bike</li> <li>-elliptical</li> <li>-Treadmill walking</li> <li>-leg press</li> <li>-HS curls</li> <li>-LAQ/SAQ with resistance</li> <li>-begin bilateral closed chain ex (mini squat, 4 way hip)</li> <li><b>*need clearance from MD to initiate single leg closed chain activity</b></li> </ul>	<ul style="list-style-type: none"> <li>-all ADL's painfree</li> </ul>

16-20wks (if activity goals and cartilage status permit)	<ul style="list-style-type: none"> <li>-initiate light plyometric drills</li> <li>-sport specific drills</li> <li>-initiate return to run program</li> </ul>	- Y Balance 80% composite
20-24 wks (if activity goals and cartilage status permit)	<ul style="list-style-type: none"> <li>-progress plyometrics to unilateral <b>*PER MD OK</b></li> <li>-running progression</li> <li>-introduce functional hop testing</li> <li>-mutidirectional field/court drills</li> </ul>	<ul style="list-style-type: none"> <li>-Y balance 94% composite</li> <li>-quad&gt;90% non-op side</li> </ul>
24 wks+ (if activity goals and cartilage status permit)	-continued increase strength/power/speed	<ul style="list-style-type: none"> <li>-Functional hop testing &gt;95% Limb Symmetry Index</li> <li><b>*return to sport cleared by MD around 9 mos post op</b></li> </ul>

This therapy plan provides a synopsis of guidelines for recovering from surgery with St. Luke's Sports Medicine. It is provided as an educational resource. Individual circumstances vary and these plans cannot replace the advice of a medical professional.  
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