



TIBIAL TUBERCLE EXCISION (OSGOOD-SCHLATTER) Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

_____ Evaluate and Treat _____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

_____ Phase I (0 - 2 Weeks):

- **Weightbearing:** Full in Brace locked in extension.*
- **Brace**:**
 Locked in full extension for sleeping and all activity.*
 Off for exercises and hygiene.
- **ROM:** 0-90° when non- weight bearing.
- **Exercises:**
 Heel slides, quad sets, patellar mobs, SLR, SAQ.
 Calf pumps.
 No weight bearing with flexion >90°.

_____ Phase II (2 - 6 Weeks):

- **Weightbearing:**
 2-4 weeks: As per patient PT Rx.
 4-6 weeks: Full w/o brace.
- **Brace:**
 2-4 weeks: As per patient PT Rx.
 Discontinue brace at 4 weeks.
- **ROM:** As tolerated.
- **Exercises:**
 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):**

- **Weightbearing:** Full.
- **Brace:** None.
- **ROM:** Full.
- **Exercises:**

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 weeks.

_____ **Phase IV (12-20 Weeks):**

- **Weightbearing:** Full.
- **Brace:** None.
- **ROM:** Full.
- **Exercises:**

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 weeks 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.

Physician Name: _____

Date: _____