



## Indiana University Health

### IU Health Physicians Orthopedics & Sports Medicine

## **TIBIAL TUBERCLE EXCISION (OSGOOD-SCHLATTER)**

### **PHYSICAL THERAPY PROTOCOL**

**Bryan M. Saltzman, M.D.**

*Chief, Division of Sports Medicine & Shoulder/Elbow Surgery*

Indiana University Health Physicians

Assistant Professor of Orthopaedic Surgery, Indiana University

Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery

IU Health Methodist Medical Plaza North (MSK) – 201 Pennsylvania Pkwy #100,  
Carmel, IN 46280

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202  
317-944-9400

[www.bryansaltzmanmd.com](http://www.bryansaltzmanmd.com)

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**Patient Name:** \_\_\_\_\_ **Date of Surgery:** \_\_\_\_\_

\_\_\_ **Evaluate and Treat**                      \_\_\_ **Provide patient with home program**

**Frequency:** \_\_\_\_\_ x/week    x    \_\_\_\_\_ weeks

	<b>WEIGHT BEARING</b>	<b>BRACE**</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I</b>	Full in Brace locked in extension*	Locked in full extension for sleeping and all	0-90° when non- weight bearing	Heel slides, quad sets, patellar mobs, SLR, SAQ



0-2 weeks		activity*  Off for exercises and hygiene		Calf pumps  <b>No weight bearing with flexion &gt;90°</b>
<b>PHASE II</b>  2-6 weeks	<b>2-4 weeks:</b> As per patient PT Rx  <b>4-6 weeks:</b> Full w brace	<b>2-4 weeks:</b> As per patient PT Rx  Discontinue brace at 6 weeks	As tolerated	Addition of heel raises, total gym (closed chain), terminal knee extensions  Activities w/ brace until 6 weeks; then w/o brace as tolerated  <b>No weight bearing with flexion &gt;90°</b>
<b>PHASE III</b>  6-12 weeks	Full	None	Full	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 wks
<b>PHASE IV</b>  12-20 weeks	Full	None	Full	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 wks 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.**

\_\_\_\_\_  
  
**Bryan M. Saltzman, MD**

**Date:** \_\_\_\_\_