

Infratubercle Slope Correcting Osteotomy (May 2026)

Postoperative Rehabilitation Protocol

Dr. Jeffrey Witty, M.D.

Starting Immediately:

- If Prevena used, keep in place for 7 days (patient may need extra AA batteries)
- compressive soft dressing
- hinged knee brace or immobilizer locked in full extension
- CPM can be used per patient preference but not required
- Commercial cryo/compression devices are suggested to facilitate swelling reduction, pain control, and decreased pain medication requirements
- Low intensity E – stim to quad
- Please look for MD adjustments to this program due to ACL, meniscus injury, meniscus transplant etc.

	Weightbearing	Brace	ROM	Exercise
Phase I Day 0 - 7	Foot Flat Touchdown weightbearing limited to approx. 10lbs	Hinged knee brace or knee immobilizer: full extension for sleeping and ambulation.	No motion	Light Quad sets Hamstring sets Patella mobs Ankle ROM
Phase II Week 1 - 6	Foot Flat Touchdown weightbearing limited to approx. 10 - 15lbs	Hinged knee brace or knee immobilizer: locked full extension for sleeping and ambulation.	POW 1 – 2: 0 – 45 deg POW 2 – 6: 0 – 90 NO ACTIVE KNEE EXTENSION till POW 6.	Per Phase I No strengthening of the extensor mechanism other than light quad sets. Ankle ROM Standing 4 way hip.
Phase III Week 6 - 8	Progress to WBAT	Wean out of brace.	Progress as tolerated.	Per Phase II, add active ROM only.
Phase IV Week 8 – 12	WBAT	None	As tolerated	Once cleared by MD with healing of osteotomy, can start light closed chain.
Phase V After Week 12	WBAT	None	As Tolerated	Progress strengthening, progress into ACL program or other specific program (if applicable)

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Adapted from:

Mansour et al Arthrosc Tech 2025

Piercecchi (Ollivier) et al Orthop Sports Traumatol 2025

Ollivier et al Arthrosc Tech 2025