



Advice and exercises following tibial osteotomy

This leaflet is designed as a reminder to the advice that your doctor and physiotherapist has given you and to help you get back to full fitness as quickly as possible after your operation.

Following your operation

Tibial osteotomy is used to treat one compartment osteoarthritis of the knee by offloading the affected area and loading the relatively unaffected area. Strong locking plates are used to fix it into place.

Post-operatively you are likely to feel bone discomfort, swelling and bruising as you recover.

Standing and walking

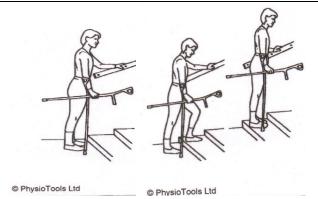
You may mobilise day 0 or day 1 depending on pain levels and your consultant's instructions. You will be given and taught the correct use of elbow crutches. How much weight you will be allowed to put through your leg will be determined by your surgeon and your physiotherapist will explain this to you.

Stairs

If you need to do stairs at home, a physiotherapist will teach you the most comfortable way.

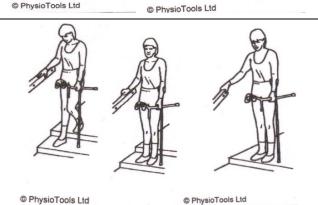
To begin with, it is better to go up or down the stairs one step at a time.

- Place the crutches / sticks in one hand and hold onto the rail with the other.
- Going up, you should place the unoperated leg on the step above first, followed by your operated leg and crutch/stick.



Coming downstairs:

- Place your operated leg together with your crutch / stick onto the step below first.
- Followed by your un-operated leg last.



Swelling

Your knee may swell for a couple of weeks or longer after your operation. If this swelling is excessive, rest with your leg elevated and apply ice packs if you wish.

The ice pack should always be wrapped in a damp towel or tea towel and never placed directly onto the skin. It should only be applied for 10 minutes as any longer can make the swelling worse. The ice pack can be applied several times during the day but there should be at least 20 minutes rest between each application.

Exercises

Start the following exercises on the day after your surgery and do them a minimum of 5 times each, 1-2 times a day with each leg. Your physiotherapist will help explain how to do them. If this results in no increase in your pain and swelling, you can increase the exercises to 10 times each, 3-4 times a day.

1. Heel slides	Slide your heel up the bed so that your knee bends, hold for a few seconds and then slide it down again. Repeat 10 times.
2. Hyperextension	It is important you gain the full range of movement in your knee. This can be done by resting your heel on a rolled up towel or the armrest of a sofa so that your knees unsupported and let it relax into position.
3. Static quads	Sit with your leg straight out in front of you. Tense your thigh muscles (quads), pushing the knee down into the bed. Pulling your toes towards you may help to make this easier. Hold for a count of 5. Repeat 10 times.
4. Straight leg raise	Sit with your legs in front of you and your back supported. Brace your knee and lift your leg 2 inches, holding it for 10 seconds. Lower your leg slowly. Repeat 10 times.
5. Inner range quads	With the leg resting over a rolled up towel lift the foot off the bed until the knee is straight. Hold for 10 seconds, lower the leg slowly. Repeat 10 times.

Discharge

Before leaving hospital your physiotherapist will want to see you walking independently with or without crutches on the flat and stairs, have full knee extension and be doing your exercises.

Contact us

RBFT Physiotherapy Department 0118 322 7811 or 7812.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Next review due: February 2027.