

Rehabilitation Protocol:

Distal Femur Osteotomy

OMAR RAHMAN, MD, MBA
Orthopedic Surgeon | Sports Medicine
ARTHROSCOPIC SURGERY | JOINT RECONSTRUCTION



Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I: 1 - 5 Weeks

- **Weightbearing**
 - Toe-touch weightbearing with crutches and brace locked in extension (0-6 weeks)
- **Hinged Knee Brace:** Locked in extension for all activities (including sleeping) - removed for PT
- **Range of Motion:** AROM/AAROM/PROM - Goal of 0-90 degrees under guidance of PT
- **Therapeutic Exercises:** Heel slides 0-90 degrees, quad sets, ankle pumps, non-weightbearing calf/hamstring stretches, straight leg raise with brace locked in full extension, resisted ankle dorsiflexion/plantar flexion

Phase II: 6 - 8 Weeks

- **Weightbearing**
 - Advance to 25% weightbearing with crutches each week and brace locked in extension
- **Hinged Knee Brace:** Unlocked for ambulation - May remove at night for sleeping
- **Range of Motion:** AROM/AAROM/PROM - Goal of 0-120 degrees under guidance of PT
- **Therapeutic Exercises:** Progress phase exercises, straight leg raise without brace if capable of maintaining full extension, may add stationary bicycle
- **No Closed Chain Activities Until 6 Weeks Post Op**

Phase III: 9 - 12 Weeks

- **Weightbearing**
 - As tolerated - may discontinue use of crutches - Goal is normal gait pattern
- **Hinged Knee Brace:** Discontinue if capable of straight leg raise without extensor lag
- **Range of Motion:** AROM/AAROM/PROM - Goal: Full pain-free ROM
- **Therapeutic Exercises:** Mini-squats 0-45 degrees, progress to step-ups, leg press 0-60 degrees, closed chain terminal knee extensions, toe raises, balance activities, hamstring curls, may increase to moderate resistance on the stationary bicycle

Phase IV: 3 - 9 Months

- **Weightbearing**
 - Full weightbearing with normal gait pattern
- **Range of Motion:** Full pain-free ROM
- **Therapeutic Exercises:** Progress closed chain activities, begin treadmill walking, swimming, and sport specific

Comments:

Frequency: 2-3 times per week

Duration: 6-8 weeks

Signature: _____

Date: _____