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REHAB PROTOCOL: Distal Femoral Osteotomy

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- **Weight Bearing and Range of Motion**
 - o Non-weight bearing with crutches
 - o ROM: As tolerated –CPM for 2 hours, 3x daily, from 0-30° of flexion out of brace
- **Brace Use**
 - o Locked in full extension at all times other than PT
- **Therapeutic Elements (No closed chain exercises until 6 weeks post-op)**
 - o Heel Slides 0-90°
 - o Quad Sets
 - o Ankle Pumps
 - o Calf/Hamstring Stretches (Non-Weight bearing position)
 - o Seated Leg Raise with brace locked in full extension
 - o Resisted Plantarflexion

Phase II (Weeks 6-8)

- **Weight Bearing and Range of Motion**
 - o As tolerated with crutches - begin to advance to a normalized gait pattern without crutches
- **Brace Use**
 - o Unlocked for ambulation
 - o Remove for sleeping
 - o Discontinue CPM if knee flexion is at least 90°
- **Therapeutic Elements**
 - o Continue above
 - o SLR without brace if able to maintain full extension
 - o Initiate stationary bike with low resistance

Phase III (Weeks 8-3 months)

- **Weight Bearing and Range of Motion**
 - o Full weight bearing
 - o Discontinue crutches when normal gait

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- **Brace Use**
 - o Discontinue use - per physician
- **Therapeutic Elements**
 - o Continue above
 - o Mini-squats 0-45° progressing to Step-ups and Leg Press 0-60°
 - o Closed chain terminal knee extensions
 - o Toe raises
 - o Balance activities
 - o Hamstring curls
 - o Increase to moderate resistance on bike

Phase IV (3-9 months)

- **Weight Bearing and Range of Motion**
 - o Full
 - o Pain-free
- **Brace Use**
 - o None
- **Therapeutic Elements**
 - o Continue above with increased resistance
 - o Progress closed chain activities
 - o Begin treadmill walking, swimming, and sport-specific activities

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____