

Distal Femoral Osteotomy Rehab Protocol

Description of Procedure: The femur is cut just proximal to the lateral condyle beginning. The cut is opened allowing the femur to be placed in the desired degree of alignment. This opening is fixed in position with a plate and screws. The opening is bone grafted.

Safety Warning: Until the osteotomy has healed, there is risk of fracture. Radiographs at six weeks will dictate weight bearing status.

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase I: 0 to 6 Weeks	<p>0 to 4 Weeks: Foot flat, minimal weight bearing in crutches</p> <p>4 to 6 Weeks: Gradual increase to full weight bearing</p>	Brace is worn when patient is ambulating until independent straight leg raise can be performed without extension lag and controlled abduction/adduction accomplished	Achieve full range of motion as soon as tolerated	<p>Prone hangs, heel props, quad sets, SLR, hamstring isometrics - complete exercises in brace if quad control is inadequate; core proximal program; normalize gait; FES biofeedback as needed</p> <p><i>** Incorporate use of stationary bike (high seat, low resistance) and patellar mobilization exercises after surgical dressing is removed</i></p>
Phase II: 6 Weeks to 3 Months	Full weight bearing normalized gait pattern; no limping	Discontinue use-per physician	Full active range of motion	<p>Begin Closed Chain Activities: Mini-squats 0 to 45° - progressing to step-ups, leg press 0 to 60°, closed chain terminal knee extensions, toe raises, balance activities, hamstring curls, increase to moderate resistance on bike</p>
Phase III: 3 to 9 Months	Normal gait	None	Full and pain-free	Advance bilateral and unilateral closed chain exercises with emphasis on concentric/eccentric control, continue with biking, elliptical, and walking on treadmill, progress balance activities

- No closed chain exercises until six weeks post-op.
- CPM used if concomitant cartilage restoration performed at the time of osteotomy.
- Progression back to sport is dependent on case per case basis and determined by Dr. Roberson.
If pain or swelling occurs patient is expected to stop causative activity and follow-up with our office.
- Leg extension exercises with resistance are not allowed indefinitely.