

DFO (Distal Femoral Osteotomy) REHAB PROTOCOL

Dr. Nate Stewart, Dr. Brent Carlson
 Chippewa Valley Orthopedics & Sports Medicine
 1200 OakLeaf Way, Suite A 757 Lakeland Drive, Suite B
 Altoona, WI 54720 Chippewa Falls, WI 54729

Patient: _____
 D.O.S. _____

	WEEK 0 Begins DOS	WEEK 1-3	WEEK 4	WEEK 5-7	WEEK 8-10	WEEK 11-12	MONTH 4-6	
Weight Bearing ****	NWB	TTWB	10%	To be determined by x-ray				
Brace Settings	0/0	0/0	0/90	Unlocked, no flexion limit				
PROM GOALS	0-30	0-70	0-90	Increase as tolerated				
AROM GOALS	0-30	0-40	0-60	Increase as tolerated				
PT visits/week	NONE	1-2	1-2	2-3	2-3	2-3	2-3	
SHOWER	NO	W/O Brace		Sleep w/o brace				
EXERCISES *follow all weight-bearing & ROM precautions*	QUAD SETS							
	SLR's with brace (typically able at 2 wks with assist)			→ without brace				
	Heel slides.....add supine wall slides			Active prone hamstring curls		Resisted hamstring exercise		
	Ankle pumps	Patellar mobilizations						
	NOTE:	4-way SLR with brace		Hip isotonic/multi-hip with brace until 8 weeks (resistance point above knee)				
		CKC quad ex (overball, sportscord, etc. as per WB guidelines)						
		Stationary Bike if 100° flexion (per WB guidelines)						
		BAPS partial WB			→ full WB			
	Seated swiss ball per ROM and WB guidelines for PROM and proprioception							
	TOTAL GYM-PARTIAL SQUATS (per WB guidelines)							
	HEEL RAISES and SOLEUS							
	BALANCE AND PROPRIOCEPTION (per ROM and WB guidelines)							
	Treadmill single leg → both legs							
	STEP UPS							
	*PT visits/wk may vary.							
*Individual exercise progression may vary.								
*Return to work/recreational activities by MD only.								
* Protocol may change based on bone and graft fixation integrity.								
*FOLLOW SPECIFIC MD'S INSTRUCTIONS.								
****WEIGHT BEARING MAY BE PROGRESSED AS PER MD BASED ON INDIVIDUAL AND X-RAY****								

ANY QUESTIONS? PLEASE CONTACT: NORTHWOODS THERAPY ASSOCIATES

Altoona, WI 715-839-9266