**PROXIMAL FEMORAL OSTEOTOMY PROTOCOL**  
(open procedure, with plate and hardware to reduce rotation of femur)

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<th>ACUTE CARE STAY</th>
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| Week 0-starts POD 1 | NWB phase  
Max, TTWB, up to 5%.  
6 weeks, longer as needed for surgical concerns.  
Limited (1x/1-2 weeks) formal physical therapy unless problems arise.  
Home exercise program 1-2x/day  
5 days per week:  
Exercise bike with very low resistance.  
Passive pendulum.  
Isometrics: quad, glut  
Ankle pumps 20 reps every hour patient is awake.  
Pain and swelling control if needed  
Compression shorts (if well fit) | Initial WB phase  
Allowed when Dr. Stewart orders. Progress from TTWB to WBAT over 4 weeks time. Slow WB if any concerns wit increased pain, contact Dr. Stewart.  
**Week 1: 5-25% WB**  
Gentle isometrics for quad, glut, transverse abdominus, adductors and absolute pain free abduction.  
Soft tissue mobilization as needed.  
Gentle Scar mobilization  
Heel slides  
Start gentle AROM for hip flexion, extension, adduction-standing.  
**Week 2: 50-75% WB**  
AROM for hip internal and external rotation and abduction.  
Increase bike resistance  
Hamstring initiation  
**Week 3: 75-100%**  
Isometrics for hip internal and external rotation in sitting.  
Calf, hamstring, hip flexor stretching.  
Gait activation exercises. | Ambulation: walking without a limp. D/C assistive device  
Progress ROM to WNL or equal to opposite extremity.  
Progress strengthening to hip groups as tolerated-isometrics, isotonics  
Total gym or light leg press  
Double leg balance and proprioception  
As able and as the person needs for functional improvement and long term goals:  
Mini-squats  
Step-ups forward and lateral  
Wall sits  
Functional gait activities  
Double and single leg balance  
Address work, sport and recreational functional activity demands | Please call with any questions.  
Return to functional tasks will be quite variable and a general rule to follow:  
Double the time of NWB for a general estimate of return to higher level activities. |

Any Questions? Please contact:  
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September 2015