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Physical Therapy Prescription – Distal Femoral Osteotomy

Name:	Date of Surgery:
Procedure: R / L Distal Femoral Osteotomy	
Frequency: 2-3 times per week	

PHASE I (Weeks 0 - 2): Period of protection, decrease edema, activate quadriceps

- Weightbearing: Heel-touch in brace locked in extension
- Hinged Knee Brace: Locked in full extension for ambulation and sleeping (remove for PT)
- Range of Motion: AROM/AAROM/PROM with therapist; goal of 90°
- Therapeutic Exercises: Calf pumps, quad sets, heel slides 0-90°, SLR in brace locked in full extension
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 2 - 6)

- Weightbearing: Heel-touch in brace
- Hinged Knee Brace: Unlocked 0-90°, off at night; discontinue completely at week 6 if good quad control
- Range of Motion: Progress to full, painless AROM
- Therapeutic Exercises: Advance Phase I, progress non-weight bearing flexibility, begin floor-based core/glute exercises; straight-leg raises with brace in full extension until quad strength prevents extension lag
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 6 - 8)

- Weightbearing: Advance 25% weekly until full WB with normalized gait pattern
- Range of Motion: Full
- Therapeutic Exercises: Advance Phase II, begin closed chain exercises (wall sits, shuttle, mini-squats, toeraises), begin stationary bike
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 8 - 16)

- Advance Phase III exercises; focus on core/glutes; progress flexibility and strengthening
- Add elliptical at 12 weeks
- Swimming allowed at 12 weeks

Phase V (Weeks 16 - 24): Gradual return to athletic activity

- Advance Phase IV exercises
- Return to sport-specific activity and impact when cleared by MD at 5 months postop