

# DFO (Distal Femoral Osteotomy) REHAB PROTOCOL

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Patient: \_\_\_\_\_

Chippewa Valley Orthopedics & Sports Medicine

D.O.S. \_\_\_\_\_

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	WEEK 0 Begins DOS	WEEK 1-3	WEEK 4	WEEK 5-7	WEEK 8-10	WEEK 11-12	MONTH 4-6		
<b>Weight Bearing</b> ****	NWB	TTWB	10%	To be determined by x-ray					
<b>Brace Settings</b>	0/0	0/0	0/90	Unlocked, no flexion limit					
<b>PROM GOALS</b>	0-30	0-70	0-90	Increase as tolerated					
<b>AROM GOALS</b>	0-30	0-40	0-60	Increase as tolerated					
<b>PT visits/week</b>	NONE	1-2	1-2	2-3	2-3	2-3	2-3		
<b>SHOWER</b>	NO	W/O Brace		Sleep w/o brace					
<b>EXERCISES</b> *follow all weight-bearing & ROM precautions*	<b>QUAD SETS</b>								
	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							
	<b>NOTE:</b>	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 Eau Claire, WI 715-839-9266