



DISTAL FEMORAL OSTEOTOMY (DFO) Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

_____ Evaluate and Treat

_____ Provide patient with home program

Frequency: _____ x/week x _____ weeks

_____ Phase I (0-2 weeks):

- **Weight Bearing:** Heel touch only.*
- **Brace:** On at all times during day and while sleeping**
Off for hygiene.
- **ROM:** 0-90° at home.
- **Exercises:** Calf pumps, quad sets SLR in brace, modalities.

_____ Phase II (2-6 weeks):

- **Weight Bearing:** Heel touch only.*
- **Brace:** Off at night.
Open 0-90 and worn daytime only.
- **ROM:** Maintain full extension and progress flexion to full.
- **Exercises:** Progress non-weight bearing flexibility; modalities.
Begin floor-based core and glutes exercises.
Advance quad sets, pat mobs, and SLR .

_____ Phase III (6-8 weeks):

- **Weight Bearing:** Advance 25% weekly and progress to full with normalized gait pattern.
- **Brace:** None.
- **ROM:** Full.
- **Exercises:** Advance closed chain quads, progress balance, core/pelvic and stability work.
Begin stationary bike at 6 weeks.
Advance SLR, floor-based exercise.

_____ **Phase IV (8-16 weeks):**

- **Weight Bearing:** Full.
- **Brace:** None.
- **ROM:** Full.
- **Exercises:** Progress flexibility/strengthening, progression of functional balance, core, glutes program.
Advance bike, add elliptical at 12 weeks as tolerated.
Swimming okay at 12 weeks.

_____ **Phase V (16-24 months):**

- **Weight Bearing:** Full.
- **Brace:** None.
- **ROM:** Full.
- **Exercises:** Advance Phase IV activity .
Progress to functional training, including impact activity after 20 weeks when cleared by MD.

*WB status to be confirmed on patient's specific PT Rx

**Brace may be removed for sleeping after first post-operative visit (day 7-10)

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.
This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____