



## DISTAL FEMORAL OSTEOTOMY (DFO)

### PHYSICAL THERAPY PROTOCOL

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**Patient Name:** \_\_\_\_\_ **Date of Surgery:** \_\_\_\_\_

\_\_\_ **Evaluate and Treat**

\_\_\_ **Provide patient with home program**

**Frequency:** \_\_\_\_\_x/week x \_\_\_\_\_weeks

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I</b> 0-2 weeks	Heel touch only*	On at all times during day and while sleeping**  Off for hygiene	0-90° at home	Calf pumps, quad sets SLR in brace, modalities
<b>PHASE II</b> 2-6 weeks	Heel touch only	Off at night  Open 0-90 and worn daytime only	Maintain full extension and progress flexion to full	Progress non-weight bearing flexibility; modalities  Begin floor-based core and glutes exercises  Advance quad sets, pat mobs, and SLR



<b>PHASE III</b> 6 weeks - 8 weeks	Advance 25% weekly and progress to full with normalized gait pattern	None	Full	Advance closed chain quads, progress balance, core/pelvic and stability work  Begin stationary bike at 6 weeks  Advance SLR, floor-based exercise
<b>PHASE IV</b> 8-16 weeks	Full	None	Full	Progress flexibility/strengthening, progression of functional balance, core, glutes program  Advance bike, add elliptical at 12 wks as tolerated  Swimming okay at 12 wks
<b>PHASE V</b> 16-24 wks	Full	None	Full	Advance Phase IV activity  Progress to functional training, including impact activity after 20 wks 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.**

\_\_\_\_\_

**Date:**\_\_\_\_\_

**Bryan M. Saltzman, MD**