



Cartilage Repair Center

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Distal Femoral Osteotomy

Stage 1 (0-6 weeks)

PRIMARY GOALS

INCREASE TIBIAL-FEMORAL AND PATELLA-FEMORAL MOBILITY
RESTORE QUADRICEPS CONTROL AND ROM

BRACE	♦Knee immobilizer/brace with ambulation until good quad control/ SLR (~3-6 weeks)
PRECAUTIONS	♦Heel to toe TDWB-partial < 40 lbs pressure with crutches
ROM	♦Full AROM and gentle AAROM ♦CPM >= 6-8 hours daily x 6 weeks, progress range as tolerated ♦Minimum 90 degrees flexion by 2 weeks, 110 degrees by 4 weeks, and full ROM by 6 weeks post-op
THEREX	♦Quad sets, SLR in knee immobilizer as needed, leg curl/heel slides, hip abduction ♦Stationary bicycle with no resistance once 90 degrees knee flexion obtained (~4 weeks)
THERAPY	♦Gentle multi-directional patella mobilization immediately post-op ♦Cryotherapy and Ace wrap for swelling and pain control ♦E-stim for VMO/quadriceps muscle re-education/biofeedback encouraged early after surgery if needed ♦Gentle massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar fat pad region 2-3 weeks post-op ♦Whirlpool therapy recommended at 2-3 weeks post-op to enhance motion.
COMMENTS	♦Contact MD if ROM not achieved to within 20 degrees of goal ♦No progression of this protocol until cleared by MD at 6 weeks post-op

For Outpatient Physical Therapist:
2-3x week / 6 weeks



ORTHOPEDIC & SPINE INSTITUTE

at St. Mary's Medical Center