

Distal Femur Osteotomy and OATs

Phase 1 – EARLY PROTECTION & MOTION

Weeks 0-8 Patellar mobilizations, including quad & patellar tendon

Quad set to SLR (with NMES, biofeedback)

ROM: emphasize full extension, heel/wall slides for flexion

Bike for motion at week 6

ROM: 0-90° for 6 weeks

Brace: Locked in extension until functional quad activation, then unlock to 0-90°

WB: NWB for 8 weeks

Phase 2 – ENDURANCE

Weeks 9-12 Closed-chain progression (+/- including squat, lunge, step-up, bridge)

Progress from double leg to single leg; from stable to unstable surfaces

Balance progression

Bike for cardiovascular fitness; initiate pool program when incisions healed

ROM: Progress to full as tolerated

Brace: 0-90° for ambulation until FWB achieved at week 12

WB: Axillary crutches (2): PWB 25% at week 9

PWB 50% at week 10

PWB 75% at week 11

Wean from crutches PWB→FWB at week 12

**Note: Non-athletes may be appropriate for discharge to independent home program at this time if able to complete work and life demands. Check for safety with stair negotiation and ambulation on uneven surfaces.*

Phase 3 – STRENGTH

Weeks 13-24 Increase sets/duration of closed-chain strengthening in varied proprioceptive environment

Initiate squat jump progression from shuttle to gravity dependent position

* Emphasis on unilateral strength

Phase 4 – AGILITY, POWER, RETURN TO SPORT

Week 24+ Sport-specific movement patterns practiced in supervised and controlled environment

Graded re-integration into sport activities with MD and PT clearance

Return to Activities See functional criteria

Running: With MD clearance and when functional criteria are met, typically 6 months

Golf: Short irons at 4 months, full swing with long irons at 5 months. Delay 4-6 weeks if lead leg.

Pivoting/cutting sports: When functional criteria are met and cleared by surgeon, typically 7 months at earliest

Surgeon Comments: