

Rehab guide for patients following:

Distal Femoral Osteotomy (DFO)

Prepared for: Rehabilitation Therapists

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Revision: 4

	Movement	Mobility	Rehab/Exercises	Goals before progression
Immediately post-op	No limits	TWB with crutches	<ul style="list-style-type: none"> • Full active and passive knee extension • Cryotherapy • Circulatory exercises • Isometric quads 	<ul style="list-style-type: none"> • Upright posture • Quads control with 0° lag
Discharge - 2 weeks	No limit to active movement	TWB with crutches	<ul style="list-style-type: none"> • Isometric quads/hamstrings • ROM • Basic proprioception 	<ul style="list-style-type: none"> • Upright posture • Quads control with 0° lag • Full passive extension • Surgical site scar healed
Week 2-6	FROM knee, ankle and hip	PWB with crutches progressing to FWB commensurate with pain and swelling	<ul style="list-style-type: none"> • Ensure full active and passive extension • CKCQ within 60° • Concentric hams and CKCQ • Basic proprioception and balance • Low resistance static bike • Core • VMO/Hip abductor strength and balance 	<ul style="list-style-type: none"> • Full active and passive extension • Normal gait (no limp) • Full quad control • Diminishing small effusion

	Movement	Mobility	Rehab/Exercises	Goals before progression
Week 6-12	Ensure knee extension complete	<ul style="list-style-type: none"> • Avoid mobilisation on uneven surfaces • Increase walking distance commensurate with calf swelling and pain provided normal gait pattern maintained (no limp) 	<ul style="list-style-type: none"> • Ensure full active and passive extension • High resistance/ low reps strength lower limb • Bike/static bike mid resistance • Core • Proprioception 	<ul style="list-style-type: none"> • Ensure full active and passive extension • VMO/Hip abductor balance • 30-50% Hams & Quad strength • Proficient in basic proprioception programme
Week 12-24	If extension (comparable to the contralateral knee) is incomplete refer back to surgeon	<ul style="list-style-type: none"> • Walking on rough/uneven surfaces • Solo tennis/squash from 16/52 	<ul style="list-style-type: none"> • High resistance/ high rep strength of VMO, hip abductors and hamstrings • Bike high resistance • Advanced proprioception • Basic plyometrics 	<ul style="list-style-type: none"> • Bilateral proprioceptive control • Hamstring and Quad strength 70% of contralateral • No anterior knee pain

SUMMARY

Objectives

- To allow soft tissue recovery encourage plenty of ice, elevation and ankle dorsiflexion exercises.
- Full knee extension comparable to contralateral side to be encouraged from day one. Proprioception work to start ASAP and not necessarily follow the strength programme
- Aim for jog/walk programme by 24-30 weeks if patient so inclined. This will vary greatly among patients of various athletic ability and age. Start with 1 minute jog (slow shuffle) and 2 minutes walk on a soft surface/ treadmill and increase to 2 minutes jog and 1 minute walk by the end of 20 minute session. Three minute cycles can be increased to 5 minute cycles dictated by anterior knee pain/effusion and athletic ability and then to 10 minute-, 15 minute- and 20 minute cycles. Aim to return to racket sport by 16-20 weeks

Notes

- Post surgery patients are routinely reviewed in the orthopaedic clinic at 4-6 weeks, 3 months and 6 months
- Earlier review if patient fails to meet goals
- Clinical queries to be directed to sportsinjurysurgeon@gmail.com