

## **Post-Operative Instructions: Distal Femoral Osteotomy and Osteochondral Allograft Transplantation of the Femur**

### **Day of surgery**

- A. Diet as tolerated
- B. Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the third post-operative day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite. Alternatively, Cryocuff or Game-ready ice cuff can be used as per instructions.
- C. Pain medication as needed every 4-6 hours (refer to pain medication sheet).
- D. Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery.

*Video instructions for your brace can be found at <https://www.youtube.com/watch?v=jyRZkSyFBOQ>*

### **First Post-Operative Day**

- A. Continue icing
- B. Pain medication as needed.
- C. If you have been assigned a Continuous Passive Motion (CPM) machine, it should be started during the first week after your surgery. This machine will be set at 30 degrees. The machine should be used 6 hours per day (2 hours in the morning, 2 hours in the afternoon, and 2 hours in the evening). You will use this machine for 1 month after surgery. Do not wear leg brace or cooling device while using CPM machine.

### **Second Post-Operative Day Until Return Visit**

- A. Continue icing
- B. Unless otherwise noted, no weightbearing for the first 6 weeks after surgery. After 6 weeks, you can bear as much weight on the affected leg as you can tolerate.
- C. Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery if you have not been given a time. If you are experiencing any problems, please call our office or contact us via the internet at [www.newyorkortho.com](http://www.newyorkortho.com).

### **Third Post-Operative Day**

- A. You may shower this evening. You **MUST** keep the extremity dry while showering. After showering, remove surgical bandage and apply fresh 4x4 surgical sponges/gauze to the incision and wrap with an ACE bandage. You will need to follow this routine for 2 weeks after surgery.

## **Rehabilitation Protocol: Distal Femoral Osteotomy and Osteochondral Allograft Transplantation of the Femur**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

### **Phase I (Weeks 0-6)**

- **Weight Bearing and Range of Motion**
  - Non-weight bearing with crutches
  - ROM: As tolerated –CPM for 2 hours, 3x daily, from 0-30° of flexion out of brace
- **Brace Use**
  - Locked in full extension at all times other than PT
- **Therapeutic Elements (No closed chain exercises until 6 weeks post-op)**
  - Heel Slides 0-90°
  - Quad Sets
  - Ankle Pumps
  - Calf/Hamstring Stretches (Non-Weight bearing position)
  - Seated Leg Raise with brace locked in full extension
  - Resisted Plantarflexion

### **Phase II (Weeks 6-8)**

- **Weight Bearing and Range of Motion**
  - As tolerated with crutches - begin to advance to a normalized gait pattern without crutches
- **Brace Use**
  - Unlocked for ambulation
  - Remove for sleeping
  - Discontinue CPM if knee flexion is at least 90°
- **Therapeutic Elements**
  - Continue above
  - SLR without brace if able to maintain full extension
  - Initiate stationary bike with low resistance

### **Phase III (Weeks 8-3 months)**

- **Weight Bearing and Range of Motion**
  - Full weight bearing
  - Discontinue crutches when normal gait
- **Brace Use**
  - Discontinue use - per physician
- **Therapeutic Elements**
  - Continue above
  - Mini-squats 0-45° progressing to Step-ups and Leg Press 0-60°
  - Closed chain terminal knee extensions

- Toe raises
- Balance activities
- Hamstring curls
- Increase to moderate resistance on bike

**Phase IV (3-9 months)**

- **Weight Bearing and Range of Motion**
  - Full
  - Pain-free
- **Brace Use**
  - None
- **Therapeutic Elements**
  - Continue above with increased resistance
  - Progress closed chain activities
  - Begin treadmill walking, swimming, and sport-specific activities

**Comments:**

**Frequency:** \_\_\_\_ times per week

**Duration:** \_\_\_\_ weeks

**Signature:** \_\_\_\_\_

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