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Orthopedic Surgery | Sports Medicine

KNEE

Knee Realignment Osteotomy

Distal Femoral Osteotomy (DFO) / High Tibial Osteotomy (HTO)

Surgery Date: _____

Progressions are time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. A review of the operative note and communication of any concerns with the referring physician is encouraged. Use of allowed visits should consider overall insurance limitations. When limitations are present, spread visits out over time to ensure that the patient can optimally complete rehab program with return to appropriate activities.

Phase I (Weeks 0 – 8): Immediate Postoperative / Period of Protection

Brace

- Weeks 0–2: Locked in full extension for ambulation and sleeping
- Weeks 2–6: Unlock brace as quad control improves and removed while sleeping
- Weeks 6–8: Discontinue when able to perform straight leg raise without extension lag

Weight Bearing

- Weeks 0–6: Heel-touch weight bearing with crutches
- Weeks 6–8: Progress toward full weight bearing as healing allows and your surgeon directs (commonly by about 8 weeks). Do not advance weight bearing without confirmation of healing and surgeon clearance.

Range of Motion

- Weeks 0–6: PROM to AAROM to AROM with therapist (goal of 90° by week 6)
- Weeks 6–8: Progress to full AROM as tolerated

Modalities

- Per therapist discretion

Rehabilitation Goals

- Protect healing osteotomy
- Reduce pain and swelling
- Restore full knee extension
- Restore quadriceps activation

Precautions

- No running, jumping, plyometric activity
- Weight bearing restrictions as above

Therapeutic Exercise

- Quad sets, SLR, ankle pumps
- Hip strengthening (SLR all planes, clam shells)
- Core stabilization

Phase II (Weeks 8 – 16): Transitional Phase – Low Impact

Weight Bearing

- Full weight bearing

Range of Motion

- Progress to full, symmetrical ROM

Rehabilitation Goals

- Full ROM
- Normalize gait pattern
- Return to light work / moderately heavy labor
- Return to recreational sports (swimming, cycling, walking 2x/week)

Therapeutic Exercise

- Progress quad and hip strengthening
- Begin closed chain exercises (leg press, step-ups)
- Balance and proprioception training
- Stationary bike

Phase III (Weeks 16 – 20): Intermediate Phase – Linear

Rehabilitation Goals

- Initiate running program (when criteria met)
- Progress strengthening

Therapeutic Exercise

- Progress resistance training
- Lateral step-down progression
- Begin linear jogging program (when cleared)

Phase IV (Weeks 20 – 24+): Return to Activity – High Impact

Rehabilitation Goals

- Return to sport-specific activities
- Return to full sport participation (5–6+ months)

Criteria for Return to Sport

- Full, pain-free ROM
- No effusion
- Radiographic healing confirmed
- Isokinetic strength ≥ 90% of contralateral limb
- Physician clearance