

# Distal Femoral Osteotomy/Lateral Meniscal Transplant



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

Dr: Benjamin Petre \_\_\_\_\_

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

● = Do exercise for that week

**Week**

<b>Initial Exercises</b>	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Flexion/Extension – Wallslides	●	●	●	●	●	●	●	●	●	●	●			
Flexion/Ext – Seated	●	●	●	●	●	●	●	●	●	●	●			
Patella/Tendon mobilization	●	●	●	●	●	●	●	●						
Quad series	●	●	●	●	●	●	●	●						
Hamstring sets							●	●	●	●	●	●	●	●
Sit and reach for hamstrings (no hypertext)					●	●	●	●						
Ankle pumps	●	●	●	●	●	●	●	●	●					
Crutch weaning								●	●					
Toe and heel raises									●	●				
Balance series										●	●	●	●	●
<b>Cardiovascular Exercises</b>	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Bike with both legs – no resistance									●					
Bike with both legs - resistance									●	●	●	●	●	●
Aquajogging											●	●	●	●
Treadmill – walking 7% incline											●	●	●	●
Swimming with fins – light flutter kick											●	●	●	●
Elliptical trainer											●	●	●	●
Rowing											●	●	●	●
Stair stepper												●	●	●
<b>Weight Bearing Strength</b>	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Double knee bends										●	●	●	●	
Double leg bridges										●				
Reverse lunge – static holds										●				
Beginning cord exercises										●	●			
Balance squats											●	●	●	●
Single leg deadlift											●	●	●	●
Leg press to max. 70° knee flexion										●	●	●	●	●
Sports Test exercises													●	●
<b>Agility Exercises</b>	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Running progression														●
Initial – single plane														●
Advance – multi directional													●	●
Functional sports test														●
<b>High Level Activities</b>	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Golf progression														●
Outdoor biking, hiking, snowshoeing														●
Skiing, basketball, tennis, football, soccer after 7-9 months														●

## ROM RESTRICTIONS

0-90 x 2wks, then full PROM as tolerated

## BRACE SETTINGS

0 – 0 x 8wks, then until no sag with SLR

## Weight Bearing status

NWB x 8 weeks

## TIME LINES

Week 1(1-7POD)  
Week 2(8-14POD)  
Week 3(15-21POD)  
Week 4(22-28POD)

Therapist Name: \_\_\_\_\_