

Derotational Distal Femoral Osteotomy + MPFL
Postoperative Rehabilitation Protocol
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Starting Immediately:

- Compressive soft dressing
- Commercial cryo/compression devices are suggested to facilitate swelling reduction, pain control, and decreased pain medication requirements
- E – stim to quad

	Weightbearing	Brace	ROM	Exercise
Phase I Week 0 - 6	Partial weight bearing in the foot flat position up to 10 – 15 lbs.	On at all times except can come out for PT/ROM. Otherwise, brace on. If patient has hinged knee brace, it can be unlocked at whatever ROM the patient has currently achieved in therapy.	AROM/AAROM PROM 0 - 90	Quad and hamstring isometrics Ankle ROM Calf pumps Standing 4 way hip <u>in brace</u> out to about 20 deg abduction, extension, flexion etc. At POW4: add patella mobs.
Phase II Week 6 - 12	Progress towards WBAT	None as long as patient gait normal/stable.	Full ROM	Add light closed chain, exercise bike. Heel raises.
Phase III Week 12 - 16	WBAT	None	As tolerated	Progress closed chain activities. Begin unilateral stance activities, balance training. Progress hip/core/glutes

Phase IV 16 - 24	WBAT	None	Full	Progress all above exercises; maximize core/glutes, pelvic stability.
Phase V 6 months +	WBAT	None	Full	Progress sport/activity/work specific.

Adapted from:

Zhang et al American Journal Sports Med 2019

Zhang et al American Journal Sports Med 2023

Hinz et al Knee Surgery Sport Traumatology Arthroscopy 2023

Huo et al Frontiers in Surgery 2024

Zhang et al American Journal Sports Med 2025