ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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PHYSICAL THERAPY PROTOCOL — FOR THE TREATING THERAPIST

Periprosthetic Distal Femur Fracture — ORIF (Locking Plate)

Rehabilitation guideline — individualize per operative note and surgeon instruction · Questions: (513) 441-5639

PRECAUTIONS

- —STRICT protected WB until surgeon advances (typically 6–12 wk) — this overrides all progression.
- —Preserve TKA motion: early ROM per note; flag ROM plateau (<90° by 6 wk) to surgeon.
- —Elderly cohort: fall prevention, delirium awareness, DVT vigilance.

PHASED PROGRESSION

Phase	WB / Protection	Goals & Interventions	Criteria to Progress
0–2 wk	TDWB/per note, walker	Ankle pumps, quad sets, gentle knee AROM, transfers, edema control	Safe transfers; ROM trending up
2–6 wk	Protected WB	ROM progression toward ≥90°, SLR, seated exercises, UE conditioning	Knee ≥90°; wound healed
6–12 wk	Advance WB per X-ray only	Progressive loading, gait retraining, closed-chain as allowed	Radiographic healing; full WB tolerated
3–6 mo	Full	Strength, balance, endurance, community ambulation	Independent ambulation, prior function

Timeframes are typical; radiographic healing and the operative note govern. DVT prophylaxis per surgeon (default aspirin 81 mg BID × 30 days). Report wound concerns, calf pain/swelling, fever, or neurovascular changes to the office same-day.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/pt-protocols/periprosthetic-distal-femur-orif.pdf