ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

(513) 354-3700

FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

PHYSICAL THERAPY PROTOCOL — FOR THE TREATING THERAPIST

Distal Femur Fracture — Retrograde Femoral Nail

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

PRECAUTIONS

- —WB per operative note (comminution → protected).
- —Early knee ROM is the priority — anterior knee pain expected, not a contraindication.
- —Watch extension lag; add quad emphasis if present.

PHASED PROGRESSION

Phase	WB / Protection	Goals & Interventions	Criteria to Progress
0–2 wk	WB per note, crutches/walker	Quad sets, heel slides, SLR, ankle pumps, gait training, edema control	Knee 0–90°, SLR without lag
2–6 wk	Progress WB per X-ray	ROM to 0–120°, stationary bike, hip strengthening	ROM ≥0–120°; radiographic callus
6–12 wk	WBAT → full	Closed-chain strengthening, gait, stairs, balance	Full WB no limp
3–6 mo	Full	Progressive loading; impact only after union confirmed	Union + symmetric strength

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/retrograde-femoral-nail.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.