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

Tibial Shaft Fracture — Intramedullary Nail

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

PRECAUTIONS

- —WB per note (usually WBAT early).
- —Aggressive edema control early — the leg swells.
- —Anterior knee pain expected; not a red flag. New calf pain/swelling IS — same-day call.

PHASED PROGRESSION

Phase	WB / Protection	Goals & Interventions	Criteria to Progress
0–2 wk	WBAT (per note), crutches	Ankle/knee AROM, quad sets, gait, elevation/edema program	Pain-controlled, wound benign
2–6 wk	Progress WB	Bike, proximal strengthening, gait quality	Full WB with minimal limp
6–12 wk	Full	Calf raises, balance/proprioception, stairs	Single-leg heel raise approaching symmetric
3–5 mo	Full	Strength/endurance; graded return to impact after union	Radiographic union + hop tolerance

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/tibial-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.

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