

Distal Femur Fracture ORIF Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Touch-down until _____ wks (default 6) WBAT: ☐	Other Precautions:
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Early knee motion is the priority; no CPM. Parameters above are patient-specific and supersede the general timeframes below; loading advances with radiographic healing and surgeon clearance.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 <i>Weeks 0–6</i>	Weight Bearing & Immobilization - Foot-flat touch-down (≈20 lb) with walker or crutches - No brace unless specified If WBAT: walker → cane as tolerated	Motion - Knee AROM/AAROM/PROM as tolerated immediately - Full extension; 0–90° by 2–4 wks, ≥110° by 6 wks - Patellar mobilization	Strengthening & Function - Quad sets, SLR without lag, hip and core - Stationary bike without resistance from 4 wks once flexion allows - BFR from 2 wks if available
► Advance to Phase 2 when: healing on 6-wk radiographs, flexion ≥110°, SLR without lag.			
Phase 2 <i>Weeks 6–12</i>	Weight Bearing & Immobilization Progress to full over 2–4 wks after radiographs; wean device	Motion Full ROM; terminal stretching	Strengthening & Function - Closed-chain work (leg press, mini-squats, step-ups) - Gait normalization, balance, pool
► Advance to Phase 3 when: full weight bearing without a limp, union progressing.			
Phase 3 <i>Weeks 12–24</i>	Weight Bearing & Immobilization No restrictions once united	Motion Maintain full ROM	Strengthening & Function - Progressive strengthening - Running ≈4–6 mo with union and quad strength ≥80%
► Full Release (typically 4–6 months): radiographic union, functional ROM (≥120°), normal gait, quad strength ≥80–90% of the other side, cleared by physician.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.