

Femoral Shaft Fracture Intramedullary Nailing Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

WBAT (default): ☐ Touch-down until _____ wks ☐	Other Precautions:
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Weight bearing as tolerated unless checked above (immediate weight bearing after nailing did not increase nonunion or implant failure). Parameters above are patient-specific and supersede the general timeframes below; impact advances with radiographic union and surgeon clearance.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 <i>Weeks 0–6</i>	Weight Bearing & Immobilization - WBAT with walker or crutches; wean as gait normalizes If touch-down: foot-flat (~20 lb) with crutches	Motion - Hip and knee AROM/PROM as tolerated immediately - Full knee extension; flexion $\geq 90^\circ$ by 2 wks	Strengthening & Function - Quad sets, SLR, glute sets, abductor activation, heel slides - Gait training - BFR from 2 wks if available
► Advance to Phase 2 when: gait normalizing, callus on 6-wk radiographs.			
Phase 2 <i>Weeks 6–12</i>	Weight Bearing & Immobilization - Wean device once no limp If touch-down: progress to full over 2–4 wks after radiographs	Motion Full ROM	Strengthening & Function - Closed-chain strengthening; hip abductors - Stationary bike, pool; balance
► Advance to Phase 3 when: no limp, union progressing, quad and hip strength $\geq 70\%$ of the other side.			
Phase 3 <i>Weeks 12–24</i>	Weight Bearing & Immobilization No restrictions once united	Motion Maintain full ROM	Strengthening & Function - Running ≈ 4 mo with radiographic union and strength $\geq 80\%$ - Agility and sport-specific work $\approx 5–6$ mo
► Full Release (typically 4–6 months): radiographic union, normal gait, strength $\geq 90\%$ of the other side for athletes, cleared by physician. Anterior knee or lateral hip pain from hardware is common; report new thigh pain.			

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.