

CORY D. SMITH, MD Orthopaedic Surgery and Sports Medicine Shoulder Reconstruction & Arthroplasty Hip, Shoulder, Knee, & Elbow Arthroscopy

POST-OPERATIVE REHABILITATION: DISTAL FEMUR FRACTURE FIXATION

Therapy Plan: Twice per week for 0-3 months, once per week for 3-6 months

ROM Progression

Brace locked in extension for 0-2 weeks for soft tissue healing.

Passive knee motion for 2-6 weeks after surgery with gentle progression as follows:

2-4 weeks: 0-454-6 weeks: 0-90

• 6-12 weeks: wean out of brace, progress to full symmetric motion

Weight Bearing Progression

Initially NO weight bearing for 8-12 weeks after surgery

- Progress weight bearing after surgeon clearance over 2 weeks
- Do NOT progress to one crutch gait must be pain free and non-compensatory to remove both crutches

Initial Post-Operative Physical Therapy Visit

- Correctly perform NON weight bearing ambulation with crutches/walker
- Instruct on guad sets and ankle pumps
- Isometric exercises for core

Phase 1 Physical Therapy (2-6 weeks): protect the joint, fracture healing

- NO open-chain exercises
- Manual therapy 20+ minutes per session
- Soft tissue mobilization, patellar mobilization, isometric exercises, core strengthening

Phase 2 Physical Therapy (6-12 weeks): progressive strengthening

- Wean out of brace after 6 weeks
- Gradually progress weight bearing as above only after surgeon clearance
- Tactile and verbal cueing to enable non-compensatory gait patterning
- Standing weight shifts, backward/lateral walking without resistance (NO pivoting)
- Soft tissue mobilization, patellar mobilization, isometric exercises, core strengthening

Phase 3 Physical Therapy (12-24 weeks): return to pre-injury level

- Focus on functional exercises in all planes, advance only when fully controlled
- Advance closed-chain and core strengthening
- Proprioceptive training
- Full return may take 4-6 months or more