

Hip Fracture Rehabilitation Protocol

(includes hip hemiarthroplasty, hip intramedullary nail, hip closed reduction percutaneous pinning)

- **Therapy Guidelines**
 - Weight bearing – bear weight as tolerated unless instructed otherwise, progress in a slow and safe manner
 - Range of motion
 - Knee, ankle, foot – as tolerated without restriction in all planes
 - Hip (other than hemiarthroplasty) – as tolerated without restriction in all planes
 - Hip (hemiarthroplasty) – posterior hip precautions: no flexion >90, no adduction, no internal rotation for at least 12 weeks
 - A wide range of exercises will be provided to you by your physical therapists, occupational therapists, and/or nursing staff to help you accomplish the goals below
- **Therapy Goals**
 - These goals can take weeks to months to accomplish; go slow and make steady, safe progress; the worst thing is to fall again
 - Get in and out of bed without physical assistance
 - Transfer from bed to chair safely with use of walker/cane without physical assistance
 - Walk 150 feet with walker/cane without physical assistance
 - Climb and descend stairs with and without handrail support, supervision, assistance
- **Activity of Daily Living Goals**
 - All may initially require caregiver, physical assistance, or assist devices; phase out if/when safe and able to do so
 - Safely manage toileting with walker/cane without physical assistance or caregiver
 - Perform safe shower/tub transfer with minimal physical assistance or caregiver
 - Able to dress self with minimal physical assistance or caregiver
 - Communicate an understanding of weight bearing and range of motion guidelines listed above, especially posterior hip precautions if applicable
 - Discontinue the use of walker/cane if all the above can be completed safely
- **Helpful Tips**
 - Do all exercises 2-3 times per day, 10-20 repetitions each, unless instructed otherwise
 - Take your time when doing exercises – slow and steady is better than rushing
 - Do not hold your breath during exercise – continue slow deep breathing
 - Choose a consistent time and place to exercise where you will have everything you need with minimal distraction or interruptions
 - Do not kneel, squat, or climb until cleared to do so by your doctor
 - Assess your home/residence for fall risks – do things like remove throw rugs, loose cords, uneven surfaces that might cause a fall; use a night light to see when walking at night/getting up to use the bathroom
 - Follow-up with your primary care doctor to discuss if an osteoporosis workup should be performed



Physical therapy protocols, post-operative instructions, and other information can all be accessed at any time at www.frantzorthopedics.com