

HIP FRACTURE PROTOCOL (Non-Bipolar)

Restrictions:

1. Partial or no weight bearing (based on surgery, see discharge summary).
2. Use of a walker to be used for the first 4 weeks.

POST-OP WEEK 1-2:

Home Expectations:

1. Surgical dressing: Cover entire incision until first follow up appointment and keep incision completely dry.
2. Anti-Coagulation:
 - a. TED stockings worn on bilateral legs all day, but removed at night.
 - b. Xarelto 10 mg taken once daily.
 - i. Post op day 1 given in hospital.
 - ii. Post op day 2-15 given as an outpatient Rx picked up at your pharmacy.
 - c. Aspirin 325 mg taken twice daily.
 - i. Post op day 16-29.
3. Pain management:
 - a. Cryotherapy: Apply to surgical site to decrease post op edema and help with pain reduction. Use as often as needed.
 - b. Prescription pain medications as needed.

Therapy Goals:

1. Gait training
 - a. Transfer training.
 - b. Gait training with progression to least restrictive device determined by therapy progress and weight bearing status.

POST-OP STAGE ONE:

Home Expectations:

1. Follow up with the Orthopedic Team (Physician Assistant) at 2 weeks post op.
 - a. Staples removed and further dressing needs will be determined at that appointment.
2. Anti-Coagulation:
 - a. TED stockings worn on surgical leg through 3 weeks post op.
 - b. Aspirin 325 mg twice daily X 14 days, Post op days 15-29 (Start when Xarelto has been completed).
3. Pain management:

- a. Cryotherapy: Continue to use ice to decrease pain and swelling, post exercise and as often as needed.
 - b. Pain medications. Wean off of prescription pain medications and start Acetaminophen and/or NSAIDS as needed.
4. Work on a home exercise program as provided by PT.

Therapy Goals:

1. Gait:
 - a. Gait training with progression to least restrictive device determined by therapy progress and weight bearing status.
2. Strength: Initiate muscle firing
 - a. Open chain activities and bed exercises.
3. ROM: Work on knee ROM as tolerated/needed.

POST-OP STAGE TWO:

Home Expectations:

1. Follow up with your Orthopedic Surgeon at 6 weeks post op.
2. Continue Home Exercise Program as provided by PT.

Therapy Goals:

1. Strengthening:
 - a. Knee extension/flexion, multi-hip, leg press, partial squats, stationary biking, balance/proprioceptive activities, stair stepping.
2. Patient to increase difficulty/resistance during rehabilitation activities as able without joint irritation.
1. Progression determined by ability to adequately demonstrate appropriate strength, proprioception, understanding, and independence in execution of exercise program.
2. Gait:
 - a. Gait training with progression to least restrictive device determined by therapy progress and weight bearing status.

POST-OP STAGE THREE:

Home Expectations:

1. Patient to increase difficulty/resistance during rehabilitation activities as able without joint irritation.
2. Progression determined by ability to adequately demonstrate appropriate strength, proprioception, understanding, and independence in execution of exercise program.
1. Resume normal recreation and functional activities as tolerated.

This protocol provides you with general guidelines for the rehabilitation of a Hip Fracture. Changes in the program are made as appropriate/indicated for each patient. Any further restrictions on the physician's orders take precedence. If you have any questions regarding the patient and/or protocol, please send a message to the Little Falls Orthopedics Team or Physical Therapy Department at (320) 631-2205.