

Femoral Neck Fracture Fixation Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Touch-down until _____ wks (default 6) WBAT (older, stable fracture): ☐	Other Precautions:
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Out of bed and walking as soon as possible after surgery, then at least daily. No hip precautions. Early full loading is a risk factor for fixation failure in younger patients with displaced fractures, so weight bearing is protected unless WBAT is checked. Parameters above supersede the general timeframes below.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 <i>Weeks 0–6</i>	Weight Bearing & Immobilization - Foot-flat touch-down (≈20 lb) with crutches or walker - No hip precautions If WBAT: walker → cane as balance allows	Motion - Hip and knee AROM as tolerated - No straight-leg raises or resisted hip flexion (high shear across the neck)	Strengthening & Function - Gait and transfer training; walk at least daily - Quad and glute sets, heel slides, supine abduction slides, ankle pumps - Fall-risk assessment
► Advance to Phase 2 when: fixation maintained and healing on 6-wk radiographs.			
Phase 2 <i>Weeks 6–12</i>	Weight Bearing & Immobilization - Progress ≈25% per week to full by 10–12 wks after radiographs - Wean crutches → cane once no limp	Motion Full ROM; straight-leg raises allowed	Strengthening & Function - Progressive resistance (quads, hip abductors and extensors) - Balance and functional training; stationary bike, 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 - High-intensity progressive resistance; single-leg work - Running and impact ≈4–6 mo, only after radiographic union
► Full Release (typically 4–6 months): radiographic union, normal gait, hip strength ≥90% of the other side for active patients, cleared by physician. New or worsening groin pain or a limp at any point, including up to 2 years out — contact the surgeon (possible nonunion, collapse, or avascular necrosis).			

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.