

Hip Fracture Cephalomedullary Nail 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 with no hip precautions unless checked above. Out of bed and walking with assistance as soon as possible after surgery, then at least daily (AAOS 2021 and APTA 2021 hip fracture CPGs). Touch-down is reserved for comminuted subtrochanteric fractures or a tenuous reduction. Parameters above supersede the general timeframes below.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 <i>Weeks 0–2</i>	Weight Bearing & Immobilization - WBAT with a walker - No hip precautions If touch-down: foot-flat (≈20 lb) with a walker	Motion - Hip and knee AROM as tolerated - Ankle pumps	Strengthening & Function - Gait, transfer, and stair training; walk at least daily - Quad and glute sets, heel slides, supine abduction slides - Fall-risk assessment
► Advance to Phase 2 when: safe household ambulation with a device, pain controlled.			
Phase 2 <i>Weeks 2–6</i>	Weight Bearing & Immobilization Walker → cane as balance allows	Motion Functional ROM for dressing, sitting, and stairs	Strengthening & Function - Progressive resistance (quads, hip abductors and extensors), increasing to high intensity as tolerated - Balance, weight-bearing, and functional training (sit-to-stand, step-ups)
► Advance to Phase 3 when: walking with a cane or less, reciprocal stairs with a rail.			
Phase 3 <i>Weeks 6–12</i>	Weight Bearing & Immobilization - Wean cane once no limp or Trendelenburg If touch-down: progress to full over 2–4 wks after radiographs	Motion Full functional ROM	Strengthening & Function - High-intensity progressive resistance; single-leg balance - Fall prevention and community ambulation
► Full Release (typically 12 wks): walking at or near prior level; gait speed, Timed Up-and-Go, and knee extension strength tracked and plateaued; fall risk addressed; cleared by physician. If deficits persist past 8–16 wks, continue an outpatient, home, or community exercise program. Lateral hip pain from the nail is common; new groin pain, a shortened leg, or inability to bear weight — contact the surgeon.			

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.