

Hip Fracture Arthroplasty (Hemiarthroplasty or THA), Posterior Approach Rehabilitation Protocol

Colby Wollenman, M.D.

Patient: _____ **DOS:** _____

Surgeon Parameters

Hemiarthroplasty: ☐ THA: ☐ Full posterior precautions: ☐	Other Precautions:
---	---------------------------

Weight bearing as tolerated. 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). For 6 wks, avoid the combined position of hip flexion past 90° with adduction and internal rotation (pose avoidance); full precautions only if checked. Parameters above supersede the general timeframes below.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 Weeks 0–2	Weight Bearing & Immobilization - WBAT with a walker - Avoid combined flexion >90° + adduction + IR (deep low chair with knees together, crossing legs, twisting toward the operative side) If full precautions: no flexion >90°, adduction past midline, or IR, each alone; raised seat and abduction pillow when supine	Motion - Hip and knee AROM within the above - 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 Weeks 2–6	Weight Bearing & Immobilization - Walker → cane as balance allows - Precautions continue until 6 wks	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 Weeks 6–12	Weight Bearing & Immobilization - Precautions released at 6 wks unless the surgeon extends them - Wean cane once no limp or Trendelenburg	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. Sudden groin pain with a shortened, internally rotated leg — contact the surgeon immediately (dislocation).			

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.