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INTERTROCHANTERIC HIP FRACTURE WITH GAMMA NAIL FIXATION REHABILITATION GUIDELINES

General Information:

- Time for complete healing is typically 12 weeks
- Mobility training begins day 1 or day 2 postop
- Weightbearing restrictions vary from toe touch weightbearing to immediate full weightbearing (change in weightbearing status comes with healing)
- No range of motion restrictions are imposed
- Knee pain and swelling is common
- Patient is to be instructed in a well-defined home exercise program
- Overall goal of therapy is to return the patient to pre-fracture function
- Abduction pillow is never necessary on this

I. PHASE I (0-3 weeks postop)

A. Impairments

- Pain
- Soft tissue and joint edema
- Altered gait, may have weightbearing restrictions

B. Treatments

- Monitoring incision for drainage, erythema, excessive pain and swelling
- Bed mobility and transfer training initiated
- Patient education to control edema (elevation and ice); instruction and monitoring of gait pattern with appropriate weightbearing status and assistive device
- AAROM knee and hip within pain limits 2-3 x/day
- Start initial strengthening efforts to include isometrics, TKE, and assisted SLR

C. Goals

- Control pain and inflammation
- Independent ambulation with appropriate assistive device on level and unlevel surfaces
- Demonstrate continued independence/compliance with HEP
- Perform ADLs without risk of further injury

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II. PHASE 2 (3-6 weeks postop)

A. Impairments

- Restricted ROM
- Decreasing postoperative pain
- Progressive weightbearing status per MD orders

B. Treatments

- Continue ROM efforts with transition from AAROM to AROM
- Continue strengthening efforts from above and may begin hip girdle, quadriceps, and hamstring strengthening
- Initiate balance and proprioception training

C. Goals

- Increase weightbearing tolerance with no limping on level surface
- Reciprocal stair climbing with minimal assist
- ROM 0-115° with minimal discomfort
- Minimal to no pain/swelling with current home program

III. PHASE 3 (6-12 weeks postop)

A. Impairments

- Altered gait
- Limited ROM
- Limited strength
- Decreased balance

B. Treatments

- Continuation and progression of Phase 2 activities
- Weightbearing as tolerated and wean from assistive device
- Continue strengthening with emphasis on hip abduction and extension strength
- Continue balance and proprioception exercises
- Start closed kinetic chain activities and continue functional training (simulate dayto-day activities/work on stair climbing, mini squats, and ambulation on uneven terrain)



C. Goals

- Increase strength and endurance/maximize hip strength
- Increase proprioception and balance with ability to single leg stand for 30 seconds
- Full ROM
- Eliminate gait deviations and restore normal walking pattern