

Hip Fracture Repair Protocol

Mark Ayzenberg, MD, FAAOS

Phase I (Post-op Days 0–14) Acute Recovery Phase

- Weight bearing as tolerated on operative extremity unless otherwise directed
- Use of walker or crutches or wheelchair as tolerated
- Early mobilization with physical therapy beginning post-op day 0–1
- Emphasis on safe transfers, bed mobility, and gait training
- Active and active-assisted range of motion of hip within comfort
- Quadriceps, gluteal, and ankle pump exercises
- Pain control and edema management
- Fall-risk education and home safety assessment

Phase II (Weeks 2–6) Progressive Mobility Phase

- Continue weight bearing as tolerated with assistive device
- Progress gait mechanics and endurance
- Advance hip range of motion as tolerated
- Initiate closed-chain strengthening: sit-to-stand, mini-squats, weight shifts
- Progress hip abductor and extensor strengthening
- Balance and proprioceptive training as appropriate
- Continue cardiovascular conditioning with walking or recumbent bike

Phase III (Weeks 6–12) Strengthening and Functional Recovery Phase

- Wean from assistive devices as tolerated and safe
- Advance lower-extremity strengthening including hip abductors, extensors, and core
- Functional strengthening: step-ups, stair training, transfers
- Progress balance and neuromuscular control
- Increase walking distance and community ambulation

Phase IV (Weeks 12–20) Advanced Strengthening and Return to Activity

- Discontinue assistive device once strength and balance are adequate, if patient able to and is safe
- Advance strengthening, endurance, and balance training
- Initiate low-impact recreational activities as tolerated
- Focus on fall prevention, confidence, and functional independence

Phase V (Weeks 20+) Return to Function

- Return to baseline activities as tolerated



- Progress activity level based on comfort, strength, and endurance
- Continue long-term strengthening and balance program

****Special Considerations:****

- Progression may be influenced by bone quality, fracture stability, and comorbidities.
- Patients with cognitive impairment or high fall risk may require slower progression and extended assistive device use.

****Progression Criteria:**** Advancement is criteria-based and dependent on pain control, fracture healing, gait stability, strength, balance, and patient safety.