

## Femur Fracture Surgery

### Physical Therapy Protocol

#### Keys to a Successful Outcome

- In addition to your hip exercises, It is equally important to work on your knee range of motion. People who sit for longer periods of time (i.e. wheelchair, couch) can develop knee flexion contractures and the knees can "get stuck" in a bent position.

Phase	Device	ROM	WB	Exercises
Weeks 0-6	Walker, cane	Progress ROM as tolerated	WBAT	No open-chain exercises; begin isometric VMO and abductor strengthening, core exercises, stretching,
Weeks 6-12	Wean from walker, cane as needed	Progressive AROM	WBAT	Closed chain exercises, core glute, and abductor strengthening, tactile/verbal cueing to enable non-compensatory gait pattern, balance exercises, single limb control
Months 3-6	As needed	FAROM	WBAT	Advance closed-chain exercises in all planes, proprioceptive training
Months 6+	As needed	FAROM	WBAT	Sport/activity specific training, increase resistance training, flexibility training

#### Patient Instructions

- Gait must be pain free and non-compensatory to transition to a cane or independence
- Fall precautions should be observed until the patient demonstrates independence
- Ideally patients will be able to return to their prior ambulation status between 3-6 months after surgery

#### General Time Frames for ADLs

- Stairs use: First few days to first few weeks
- Walking around house: 2-6 weeks
- Driving: Usually several weeks (right-leg surgery delays a little longer)
- Return to work: 3-8 weeks (sedentary), 3 mo (medium labor), 4-6 mo (heavy labor)
- Swimming/cycling: 4-10 weeks
- Running: 10-16 weeks
- Golf: 8-12+ weeks

