

Hip Orif Physical Therapy Protocol



ORIF vs Total Hip Precautions

ORIF	Total Hip Replacement or Hemiarthroplasty
↔No abduction splint needed	↔Requires abduction splint
↔Partial weight bearing	↔Weight bearing as tolerated/ per MD order
↔Does not require hip precautions	↔Full hip precautions up to 8 weeks
↔Rapid mobility and ambulation as tolerated	↔Rapid mobility and ambulation as tolerated

Hip ORIF Physical Therapy Protocol: A Comprehensive Guide to Recovery

Recovering from a hip fracture requiring open reduction and internal fixation (ORIF) is a significant journey, demanding patience, dedication, and a well-structured physical therapy protocol. This comprehensive guide delves into the intricacies of hip ORIF physical therapy, offering insights into the various stages of recovery and the exercises crucial for regaining strength, mobility, and independence. Understanding the process empowers you to actively participate in your healing and achieve the best possible outcome. We'll cover the typical stages of recovery, common exercises, potential challenges, and tips for maximizing your progress.

Understanding the Hip ORIF Procedure and its Implications

Before diving into the physical therapy protocol, it's crucial to understand the nature of a hip ORIF. This surgical procedure involves setting the broken bone fragments back into their correct anatomical position (reduction) and then stabilizing them with internal fixation devices like screws, plates, or rods. While ORIF significantly improves healing prospects, it also leads to initial limitations in mobility and requires a structured rehabilitation program. The extent and intensity of the physical therapy protocol are highly individualized and depend on factors like the patient's age, overall health, the severity of the fracture, and the specific surgical approach used.

Phase 1: The Early Post-Operative Phase (Weeks 1-4)

This initial phase focuses on pain management, minimizing swelling, and preventing complications such as blood clots and pneumonia. Mobility is initially restricted to prevent displacement of the fixation devices.

Key Goals:

Pain Management: Controlling pain levels through medication and other modalities is paramount.

Range of Motion (ROM) Exercises: Gentle, passive range of motion exercises, guided by the therapist, will be initiated to prevent stiffness and maintain joint mobility. This might involve simple ankle pumps, knee bends, and gentle hip flexion within prescribed limits.

Weight Bearing: The physician will determine weight-bearing status (e.g., non-weight bearing, partial weight bearing, full weight bearing) based on the individual's healing progress. Using assistive devices like crutches or a walker will be essential during this phase.

Deep Breathing and Coughing Exercises: These help to prevent pneumonia, a common post-surgical complication.

Early mobilization: Getting out of bed and moving around, as tolerated, is crucial for preventing complications and promoting healing.

Phase 2: Intermediate Rehabilitation (Weeks 4-12)

As pain subsides and healing progresses, the focus shifts towards increasing strength, improving mobility, and restoring functional activities.

Key Goals:

Increased ROM: Active range of motion exercises will be gradually introduced, gradually increasing the range of motion around the hip joint.

Strengthening Exercises: Therapists will introduce exercises targeting the hip, leg, and core muscles to regain strength and stability. This might involve isometric exercises (muscle contractions without movement), isotonic exercises (movement against resistance), and resistance band exercises.

Gait Training: Progressing from using assistive devices to walking independently, with or without assistance, is a primary goal. Practice walking on different surfaces and incorporating stairs.

Functional Activities: Reintegrating daily activities like dressing, bathing, and transferring (getting in and out of bed, chairs, and toilets) are important for regaining independence.

Phase 3: Advanced Rehabilitation and Return to Function (Weeks 12+)

This final phase aims to return the patient to their pre-injury level of activity, or as close as possible.

Key Goals:

Advanced Strengthening: More challenging exercises, including weight training and plyometrics (jump training), are incorporated to build strength and endurance.

Proprioception Training: Exercises that improve balance and coordination are crucial for safe and confident movement.

Functional Training: Simulating real-life activities, like walking longer distances, climbing stairs, and engaging in recreational activities, helps prepare for a full return to daily life.

Return to Sports and Activities: This is a gradual process, guided by the therapist and physician, to ensure safety and prevent re-injury.

Potential Challenges and Considerations

Several factors can influence recovery, including age, pre-existing conditions, compliance with the therapy plan, and potential complications. Pain management, adherence to weight-bearing restrictions, and dealing with potential setbacks are all aspects of the recovery process that require attention and professional guidance. Open communication with your physical therapist and physician is crucial to address any concerns and adjust the therapy plan accordingly.

Conclusion

The hip ORIF physical therapy protocol is a dynamic and individualized journey requiring commitment and consistent effort. By understanding the various phases and goals, patients can actively participate in their recovery, optimizing their chances of regaining full mobility, strength, and a high quality of life. Remember that regular communication with your medical team is key to a successful outcome.

FAQs

1. How long does hip ORIF physical therapy typically last? The duration varies significantly depending on individual factors, but it generally ranges from several weeks to several months.
2. What kind of exercises can I expect during physical therapy? Exercises will progress from passive range of motion to active strengthening, gait training, balance exercises, and functional activities.
3. Will I need surgery again if I don't follow the physical therapy protocol? Failure to adhere to the prescribed protocol can increase the risk of complications, such as re-fracture, nonunion (failure of the bone to heal), and persistent pain. While it doesn't automatically necessitate further surgery, it significantly increases the chance of needing additional interventions.

4. When can I return to work or my regular activities after hip ORIF surgery? The timeframe depends on the nature of your job and your individual recovery progress. Your physician and physical therapist will help determine when you are ready to return to your daily activities.

5. What if I experience increased pain during physical therapy? Increased pain is a signal that you should stop the exercise and inform your physical therapist. They will adjust the intensity or modify the exercises to ensure your safety and comfort.

hip orif physical therapy protocol: Orthogeriatrics Paolo Falaschi, 2021 This new open access edition supported by the Fragility Fracture Network aims at giving the widest possible dissemination on fragility fracture (especially hip fracture) management and notably in countries where this expertise is sorely needed. It has been extensively revised and updated by the experts of this network to provide a unique and reliable content in one single volume. Throughout the book, attention is given to the difficult question of how to provide best practice in countries where the discipline of geriatric medicine is not well established and resources for secondary prevention are scarce. The revised and updated chapters on the epidemiology of hip fractures, osteoporosis, sarcopenia, surgery, anaesthesia, medical management of frailty, peri-operative complications, rehabilitation and nursing are supplemented by six new chapters. These include an overview of the multidisciplinary approach to fragility fractures and new contributions on pre-hospital care, treatment in the emergency room, falls prevention, nutrition and systems for audit. The reader will have an exhaustive overview and will gain essential, practical knowledge on how best to manage fractures in elderly patients and how to develop clinical systems that do so reliably.

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hip orif physical therapy protocol: Secondary Fracture Prevention Markus J. Seibel, Paul Mitchell, 2018-10-11 Secondary Fracture Prevention: An International Perspective presents practitioners and academic clinicians with a better understanding of secondary fracture prevention and models of care from a variety of settings and countries. This must-have guide provides practitioners and academic clinicians with essential information about this broad clinical and research topic that extends across the globe. Preventing secondary fractures starts with assessing what works and what does not work, reviewing major society guidelines, and what workup and management is necessary. This book reviews these topics and provides the rationale for pursuing a

workup to prevent fractures in this patient population.

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hip orif physical therapy protocol: Pelvic Ring Fractures Axel Gänsslen, Jan Lindahl, Stephan Grechenig, Bernd Füchtmeier, 2020-11-25 This book provides in-depth coverage of all aspects of pelvic ring fractures and their management. The opening chapters supply essential information on surgical anatomy, biomechanics, classification, clinical evaluation, radiological diagnostics, and emergency and acute management. The various operative techniques, including navigation techniques, that have been established and standardized over the past two decades are then presented in a step-by-step approach. Readers will find guidance on surgical indications, choice of approaches, reduction and fixation strategies, complication management, and optimization of long-term results. Specific treatment concepts are described for age-specific fractures, including pediatric and geriatric injuries, and secondary reconstructions. Pelvic ring fractures represent challenging injuries, especially when they present with concomitant hemodynamic instability. This book will help trauma and orthopaedic surgeons at all levels of experience to achieve the primary treatment aim of anatomic restoration of the bony pelvis to preserve biomechanical stability and avoid malunion with resulting clinical impairments.

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management of all types of radius fractures. Topics covered include: bending fractures of the metaphysis, shearing and compression fractures of the joint surface, avulsion fractures, radio-carpal fracture and dislocation, combined fractures, high velocity injury and malunions. In addition, chapters deal with surgical techniques and approach as well as with complications. With over 500 illustrations, this is the definitive volume on these challenging fractures, their complete treatment, and the management of complications.

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hip orif physical therapy protocol: Fragility Fractures of the Pelvis Pol Maria Rommens, Alexander Hofmann, 2017-12-19 Thanks to an increasing life expectancy of our populations the number of elderly persons is steadily growing and will continue to do so. Among these, the rate of persons with illnesses and degenerative diseases is significant. The prevalence of osteoporosis is especially high in elderly women and leads to typical fracture patterns. Hip fractures, proximal humerus fractures, distal radius fractures and fractures of the vertebral column are the most common. In the last decade, we are confronted with a sharp increase of fragility fractures of the pelvis. Until now, there is no consensus on how to identify and classify these lesions and there are no guidelines for treatment and after treatment. In particular, there is no common view on which patients need an operative treatment and which technique of osteosynthesis should be used. This book fills the gap in available literature and gives a state of the art guide to the treatment of fragility fractures of the pelvis. With the sharp increase of these fractures and the lacking consensus, *Fragility Fractures of the Pelvis* will become indispensable for the physicians who take care of elderly patients with this pathology. Written by a team of expert opinion leaders, the aim of this book is to contribute to the scientific discussion in this area and to help provide the optimal care for these patients.

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hip orif physical therapy protocol: *Rehabilitation for the Postsurgical Orthopedic Patient* Lisa Maxey, Jim Magnusson, 2006-12-07 This is a Pageburst digital textbook; the product description may vary from the print textbook. This text provides the physical therapist with the information they need to know about specific orthopedic surgeries and the rehabilitation techniques. Each chapter presents the indications and considerations for surgery; a detailed look at the surgical procedure, including the surgeon's perspective regarding rehabilitation concerns; and therapy guidelines to use in designing the rehabilitation program. In addition to including descriptions of each surgery, this book provides rehabilitation protocols for each surgery along with ways to trouble shoot within various patient populations (i.e. geriatric, athletic, pediatric, etc.). Unlike the more general orthopedic books, this book provides specific clinical information about individual orthopedic surgeries along with a chapter on soft tissue healing. Each chapter is written by an MD and PT or OT providing both surgical and rehabilitation information. Includes the latest, evidence-based therapy guidelines to help therapists design the most effective rehab programs for their patients. Every chapter includes case study vignettes with critical thinking questions to encourage students to use clinical reasoning. Provides detailed tables that break down therapy guidelines with rehab phases to

give a quick resource to rehabilitation and therapy plans. Includes the indications and considerations of specific surgical procedures to demonstrate why surgery should or should not be considered. Describes surgeries in detail to give therapists a clear understanding of the surgical procedures used for various injuries and disorders so they can fashion the appropriate rehabilitation program. Includes coverage of commonly accepted therapy guidelines to allow therapists to design a home therapy program as well as what's needed immediately post surgery. Suggested Home Maintenance boxes, included in every chapter, provide guidance for the patient once they return home. Emphasizes the unique needs of the individual patient with suggested home maintenance guidelines and the entire treatment plan broken out by phase for every chapter. Over 300 photos and line drawings provide invaluable teaching tools for instructors and references to the practitioners. Content provided by well-known contributors from around the country. Four new chapters: Pathogenesis of Soft Tissue and Bone Repair, Total Shoulder Replacement, Surgery and Rehabilitation for Primary Flexor Tendon Repair in the Digit, and Cervical Spine Fusion. Includes new information within the appendices on transitioning the running and jumping athlete (e.g. basketball player) back to court and the mini invasive anterior approach to total hip replacement. New authors and editors bring fresh perspective to the topics covered in the text. Each chapter is thoroughly revised with the most current information available on orthopedic surgeries and therapy. Evaluations and guidelines are designed more specifically to the surgical diagnoses for the postsurgical patient. Companion CD-ROM includes the suggested home maintenance boxes in a printable and editable form as well as anatomical and surgical animations on important procedures and anatomical areas.

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hip orif physical therapy protocol: Acetabular and Pelvic Fractures Steven A. Olson, Mark C. Reilly, 2006 This monograph is intended to serve as a guide to all levels orthopaedic surgeons involved in the care of patients with injury to the pelvic ring, acetabulum, or both. The text is structured into four chapters: topics that are common to both evaluation and treatment of pelvic ring and acetabular fractures, information specific to classification, treatment, and outcomes of pelvic ring injuries, information specific to classification, treatment and outcomes of fractures of the acetabulum, and postoperative management and management of complications.

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available under a Creative Commons Attribution-Non Commercial No Derivatives 4.0 International licence.

hip orif physical therapy protocol: *Fractures in Sport* Greg A. J. Robertson, Nicola Maffulli, 2021-07-29 This textbook provides a practically applicable sport-centred guide to fracture management for athletes. It features extensive evidence-based guidance on how fracture management can be adapted in athletic patients, to facilitate an accelerated return to sport. Descriptions of a variety of both acute and stress fracture types are included, covering both the appendicular and axial skeleton, in locations such as the shoulder, knee, ankle and spine. Throughout the book, the focus is on enabling the reader to develop a deeper understanding of the ideal management principles that are available for managing fractures in high-functioning patients. *Fractures in Sport* comprehensively covers the available strategies for managing fractures in professional and amateur athletes, and is ideal for use by practising and trainee orthopaedic surgeons, sports physicians, and general practitioners.

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hip orif physical therapy protocol: *Physical Therapy Clinical Handbook for PTAs* Olga Dreeben-Irimia, 2013 *Physical Therapy Clinical Handbook for PTAs*, Second Edition, is a concise and condensed clinical pocket guide designed specifically to help physical therapist assistants and physical therapist assistant students easily obtain helpful evidence-based information. This succinct, summarizing pocket-guide covers the evaluative as well as interventional aspect of physical therapy and offers immediate guidance concerning physical therapy data collection and interventions in various clinical settings including musculoskeletal, neurologic, cardiopulmonary, integumentary, geriatric, pediatric and acute care. With its portable and user-friendly format, this handbook is a valuable resource for physical therapist assistant students during the education training program and throughout clinical practice. The Second Edition features a new and unique look at physical therapy in acute care provided by PTAs. Acute care topics include musculoskeletal and neurological acute care, as well as the significant factors in acute care to consider while applying physical therapy to patients with endocrine, gastrointestinal, genitourinary, and oncological disorders/diseases. The Second Edition contains physical therapy terminology reflecting current physical therapy practice according to the APTA's Guide to Physical Therapist Practice and also includes guidelines from the CDC and JCAHO. Appendices contain helpful balance assessment

forms, and cardiac and integumentary patient education forms.

hip orif physical therapy protocol: Displaced Femoral Neck Fractures John T. Gorczyca, 2021-12-01 Utilizing detailed case presentations from experts in the field, this book presents common clinical scenarios involving patients who have sustained displaced femoral neck fractures, discussing the injury mechanism, early treatment, potential treatment options, risks and complications involved. The style of presentation, the ease of readability, the use of appropriate and relevant cases to highlight the learning points, and the discussion of the decision-making process are all unique features of the book's approach. Using this tailored process, the each topic is reviewed and the rationale for what appears to be the optimal treatment - hemiarthroplasty or total hip replacement, for example - is provided to the reader, emphasizing that the ultimate decision requires the combination of science and judgment, both of which are continually evolving. Additional chapters present ongoing controversies in the management of these challenging fractures, as well as complications such as aseptic necrosis, symptomatic hardware and nonunions. Portable and concise, orthopedic and trauma surgeons, residents and fellows alike will find Displaced Femoral Neck Fractures a practical and user-friendly resource.

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hip orif physical therapy protocol: Patient Safety in Surgery Philip F. Stahel, Cyril Mauffrey, 2014-08-20 In general, surgeons strive to achieve excellent results and ideal patient outcomes, however, this noble task is frequently failed. For patients, surgical complications are analogous to "friendly fire" in wartime. Both scenarios imply that harm is unintentionally done by somebody whose aim was to help. Interestingly, adverse events resulting from surgical interventions are more frequently related to system errors and a communication breakdown among providers, rather than to the imminent threat of the surgical blade "gone wrong". Patient Safety in Surgery aims to increase the safety and quality of care for patients undergoing surgical procedures in all fields of surgery. Patient Safety in Surgery, covers all aspects related to patient safety in surgery, including pertinent issues of interest to surgeons, medical trainees (students, residents, and fellows), nurses, anaesthesiologists, patients, patient families, advocacy groups, and medicolegal experts.

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recommendations, Ferri's Clinical Advisor 2020 features the popular 5 books in 1 format to organize vast amounts of information in a clinically relevant, user-friendly manner. This efficient, intuitive format provides quick access to answers on 1,000 common medical conditions, including diseases and disorders, differential diagnoses, and laboratory tests - all reviewed by experts in key clinical fields. Updated algorithms, along with hundreds of new figures, tables, and boxes, ensure that you stay current with today's medical practice. - Contains significant updates throughout, covering all aspects of current diagnosis and treatment. - Features 27 all-new topics including chronic traumatic encephalopathy, medical marijuana, acute respiratory failure, gallbladder carcinoma, shift work disorder, radial tunnel syndrome, fertility preservation in women, fallopian tube cancer, primary chest wall cancer, large-bowel obstruction, inguinal hernia, and bundle branch block, among others. - Includes a new appendix covering Physician Quality Reporting System (PQRS) Measures. - Provides current ICD-10 insurance billing codes to help expedite insurance reimbursements. - Patient Teaching Guides for many of the diseases and disorders are included, most available in both English and Spanish versions, which can be downloaded and printed for patients.

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