



Purpose:

This guideline is designed to return the individual to their full activities as quickly and safely as possible, following a Hip Pinning or ORIF. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based Hip Pinning or ORIF guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual's goals for activity following a Hip Pinning or ORIF.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

Precautions:

- Weight Bearing: as per physician order

PHASE	SUGGESTED INTERVENTIONS	MILESTONES FOR PROGRESSION
Phase I Weeks 0-2	Therapy: <ul style="list-style-type: none"> • Control pain and swelling with ice, as needed • Exercise for strengthening of the unaffected extremities and gentle active assisted movements of the affected lower extremity <ul style="list-style-type: none"> — Quad sets, Ham sets, hip abduction, heel slides, SAQ, and glute sets — Instruct in HEP • Transfer training • ADL training • Gait training: <ul style="list-style-type: none"> — FWW, instruct in stairs with assistive device if patient has to negotiate them at home — Increase ambulation distance with FWW 	Goals: <ul style="list-style-type: none"> • Skin healing • Edema control • Pain control • Maintain weight bearing status • Improve neuromuscular activity • Return Home when meets criteria, assess for SNF/Rehab
Phase II Weeks 2-6	Therapy: <ul style="list-style-type: none"> • Continue post hip pinning exercises increasing reps and resistance as able • Progress supine exercises to include bridging, clams, side lying hip abduction, SLR (assistance as needed) <ul style="list-style-type: none"> — In pain free motions 	Goals: <ul style="list-style-type: none"> • Healing • Pain and edema control, modalities PRN • Gait maintaining weight bearing status, progressing to normal gait pattern Criteria to Advance:



	<ul style="list-style-type: none">• 4-6 weeks: may progress to standing hip exercises within weight bearing restrictions, marching, hip abduction, heel raises, mini squats• Improve neuromuscular activity	<ul style="list-style-type: none">• Healing appropriate for stage to move on
Phase III Weeks 6+	Therapy: <ul style="list-style-type: none">• Continue exercise advancement as per needed function• Exercises to include single leg stance, step ups and step downs• Address balance deficits	Goals: <ul style="list-style-type: none">• Normal ROM for involved hip and knee• Improve strength to 4/5 to 5/5• Ambulate independently on all surfaces with assistive device and proper weight bearing status• Independent with HEP Criteria to Discharge: <ul style="list-style-type: none">• Normal Gait pattern• Independent HEP