ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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PHYSICAL THERAPY PROTOCOL — FOR THE TREATING THERAPIST

Femoral Neck Fracture Fixation (Screws / FNS)

Rehabilitation guideline — individualize per operative note and surgeon instruction · Questions: (513) 441-5639

PRECAUTIONS

- —WB status per operative note (default touch-down until radiographic healing).
- —No forced hip ROM; avoid resisted SLR in early phases (fixation stress).
- —Monitor for AVN/fixation failure signs: escalating groin pain, loss of WB tolerance — notify surgeon.

PHASED PROGRESSION

Phase	WB / Protection	Goals & Interventions	Criteria to Progress
0–2 wk	Protected WB per note, walker	Ankle pumps, quad/glute sets, transfer and gait training, edema control	Safe transfers; wound benign
2–6 wk	Protected WB until X-ray healing	AROM hip within comfort, isometrics, upright tolerance, gait quality	Radiographic callus; pain-controlled
6–12 wk	Progress to WBAT per surgeon	Abductor strengthening (sidelying→standing), bike, closed-chain as WB allows, wean device	Full WB, no limp with cane
3–6 mo	Full WB	Balance, stairs, endurance, fall-prevention program	Symmetric strength and gait

Timeframes are typical; radiographic healing and the operative note govern. DVT prophylaxis per surgeon (default aspirin 81 mg BID × 30 days). Report wound concerns, calf pain/swelling, fever, or neurovascular changes to the office same-day.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/pt-protocols/femoral-neck-fixation.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.