ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

(513) 354-3700

FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

PHYSICAL THERAPY PROTOCOL — FOR THE TREATING THERAPIST

Intertrochanteric Hip Fracture — Cephalomedullary Nail

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

PRECAUTIONS

- —WBAT immediately (load-sharing implant).
- —Fall-prevention and delirium-awareness in elderly patients.
- —Flag escalating lateral thigh pain (hardware prominence) or new groin pain to the surgeon.

PHASED PROGRESSION

Phase	WB / Protection	Goals & Interventions	Criteria to Progress
0–2 wk	WBAT, walker	Transfers, gait training, ankle pumps, isometrics, edema control	Household ambulation safe
2–6 wk	WBAT, wean toward cane	Hip/knee strengthening, walking program, sit-to-stand	No limp with cane
6–12 wk	Full	Balance, stairs, endurance, abductor focus	Independent community ambulation
3 mo+	Full	Conditioning; fall-prevention maintenance	Discharge to independent program

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/intertrochanteric-nail.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.