

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Post-operative Physiotherapy Pathway Fracture Neck Of Femur

Owner:	Benjamin Thomas Physiotherapy and Orthotics Manager
Approved by	Therapies Clinical Governance Group
Approval Date	18 th August 2023
Review Date	18 th August 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25 th January 2023	Document extended to 30 th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23 rd June 2023	Document extended for another 3 months whilst under review.	Benjamin Thomas
18 th August 2023	Document reviewed and approved for 3 years	Therapies Clinical Governance Group

Post-operative:

DAY 1:

- Check chest.
- Deep Breathing exercises, circulation exercises.
- Static quads, static gluts.
- Issue exercise sheet where appropriate.(info booklets available for DHS, Hemiarthroplasty and THR)
- Assist board exercises – hip flexion, hip abduction.
- Inner range quads, static quads.
- Check post op instructions for weight bearing status. Routine protocol would be FWB but younger patients/cannulated screws/poor bone quality or poor fixation may need TTWB or PWB for a period of time post-op.
- Sit out with appropriate mobility aid if medically fit
- Teach hip precautions if indicated, dependent upon theatre notes or surgical procedure.

DAY 2 ONWARDS:

- Continue with exercises.
- Progress mobility as preoperative state and weight-bearing status allows.
- Stairs assessment when/if appropriate.
- Send patient home when safe or refer to community hospital.
- Refer to community physiotherapy if further progress expected.
- Refer to falls group if appropriate criteria.