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## HIP ARTHROSCOPE WITH PROXIMAL FEMORAL OSTEOPLASTY

	Days 1-4 Phase I	Days 5-7	Week 1-2	Week 3	Week 4 Ph. II	Week 5	Week 6	Week 7 Ph. III	Week 8-12	Week 13-25 (Phase IV-Sport Specific)
Weight Bearing	20% Heel/toe**	20%	20%	WBAT						
Exercises are introduced on a weekly basis. <b>Please continue with previous exercises to ensure good flexibility and strength.</b> Refer to the patient specific surgical prescription. That prescription will provide WB limitations, ROM restrictions, strengthening time frames and pertinent information for higher level strengthening. Prescription may alter this protocol. Patients should meet criteria prior to advancing to next phase. Please call Dr. Stewart with questions.										
<b>Exercises: Progress per protocol. Stretch, soft tissue mob, and circumduction for 6-10 weeks.</b>	Ankle pumps	Bike, no resistance	Heel slides	Clamshells	Kneeling hip flexor stretch	Bike With Resistance	Single leg stance	Trunk rotation with single leg stance and cord resistance	Lunges	<b>To progress to Phase IV,</b> hip flexion Strength should be $\geq 70\%$ of uninvolved side. Hip abd, add, ext, IR, ER strength should be $\geq 80\%$ of uninvolved side. Pre-injury cardio ability, And initial lateral and Agility drills with Good mechanics
	Passive supine Hip IR		Add/Abd isometrics	3 way raises Abd, Add, Ext	Quadruped Rocking	Side Plank	Advance Bridging Single leg, Swiss Ball	Side-step, add resistance as tolerated	Lateral agility	
<b>Home CPM-</b> If a patient needs the CPM, it will be set-up at home. If a patient has a stationary bike they do not need the CPM. Use CPM starting at of 60° hip flexion 1-2 hour sessions, 6 hours per day. No need to advance this setting. The company rep will pick up the CPM when the patient is finished using it.	Gluteal, Quad, Hamstring Isometrics		Uninvolved knee to chest	Double Leg Knee to chest	Total Gym	Double 1/3 to 1/2 Squats	<b>To progress to phase III</b> Full ROM	Lateral step downs	Single leg Knee bends	Please see Advance Hip Arthroscopy Protocol. Functional Testing for return to sport or high level activity.
	Soft tissue mobilization, IT Band TFL, glut med, area surrounding incisions, scars. Cont. for 6-10 weeks.		Active supine hip IR	Bridges	Seated Active Hip Flexion	Manual Long Axis traction		Pain-free Normal Gait. Hip flexion $\geq 60\%$ uninvolved side. Hip add, abd, ext	Elliptical	
	Circumduction of the hip with long axis hip IR, and in 70° hip flexion, knee bent. 5 min, each position with CW/CCW. Continue for 6-10 weeks.		Standing Hip IR-stool	Piriformis stretch	Standing Hamstring curls	Manual AP mobs	IR, ER $\geq 70\%$ of uninvolved side.	Vectors Clocks	Walk-Jog-Run progression	
	If able to get in pool safely, Water walking-chest deep water, incision covered with occlusive dressing. Pool program if available at facility of patients choice.		Transverse abdominal isometrics	Prone IR/ER isometrics	Quadricep, Hamstring Stretch	Standing Resisted Hip Flexion Extension Abduction Adduction		Swimming: Water Plyo's		
<b>PRECAUTION:</b> * Do not push through anterior hip pain. * Avoid pinching.	PROM-IR			Hip fall out, or butterfly, emphasize ER without pain.		Sitting IR/ER with tubing	<b>Additional Surgical Procedures/Concerns</b> <b>Labral Resection      Labral Repair(Ant/Post/Lat)</b> <b>Chondroplasty(Femur/Acetabulum)</b> <b>Microfracture(Femur/Acetabulum)</b> <b>Iliopsoas Release      Acetabulum less deep than average</b>			
	To progress to Phase II, minimal pain with Exercise. ROM 75%. Proper muscular ability. Full WB.				Water jogging, if pool available	Swim with fins				
Reference: Clinics in Sports Medicine, 25. (2006). 337-357  March 2018	<b>** Heel toe gait pattern within weight bearing restriction.</b>		<b>Please Call with Questions:</b>  <b>Northwoods Therapy Associates</b> Altoona, WI (715) 839-9266 Chippewa Falls, WI (715) 723-5060			<b>Evaluate and Treat.</b> <b>MD Sign and Date:</b>				

