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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. **Please continue with previous exercises to ensure good flexibility and strength.** 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.										
Exercises: Progress per protocol. Stretch, soft tissue mob, and circumduction for 6-10 weeks.	Ankle pumps Passive supine Hip IR	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	**To progress to Phase IV,** hip flexion Strength should be ≥70% of uninvolved side. Hip abd, add, ext, IR, ER strength should be ≥80% of uninvolved side. Pre-injury cardio ability, And initial lateral and Agility drills with Good mechanics
Home CPM- This will be set-up at the hospital and then be used at home as well. Use machine starting at of 60° hip flexion 1-2 hour sessions, 6 hours per day. Use your best judgment for hip position. The number on the pendant measures knee motion. If you take the CPM home from the hospital use it at the settings they started you with. Otherwise the company rep for the CPM will help you with your home unit.	Gluteal, Quad, Hamstring Isometrics		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	
	Soft tissue mobilization, IT Band TFL, glut med, area surrounding incisions, scars. Cont. for 6-10 weeks.		Uninvolved knee to chest	Double Leg Knee to chest	Total Gym	Double 1/3 to ½ Squats	**To progress to phase III** Full ROM Pain-free Normal Gait. Hip flexion ≥60% uninvolved side. Hip add, abd, ext IR, ER ≥ 70% of uninvolved side.	Lateral step downs	Single leg Knee bends	
	Circumduction of the hip with long axis hip IR, and in 70º hip flexion, knee bent. 5 min, each position with CW/CCW. Continue for 6-10 weeks.		Active supine hip IR	Bridges	Seated Active Hip Flexion	Manual Long Axis traction		Elliptical	Fwd/Retro Gait With cord	
			Standing Hip IR-stool	Piriformis stretch	Standing Hamstring curls	Manual AP mobs		Vectors Clocks	Walk-Jog-Run progression	Please see Advance Hip Arthroscopy Protocol. Functional Testing for return to sport or high level activity.
	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	
			SAQ's And LAQ's	Standing hip flexion, short and long axis						
PRECAUTION: *** 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				
		To progress to Phase II, minimal pain with Exercise. ROM 75%. Proper muscular ability. Full WB.			Water jogging, if pool available	Swim with fins				

Additional Surgical Procedures/Concerns
Labral Resection Labral Repair(Ant/Post/Lat)
Chondroplasty(Femur/Acetabulum)
Microfracture(Femur/Acetabulum)
Iliopsoas Release Acetabulum less deep than average

Reference:
Clinics in Sports Medicine, 25. (2006). 337-357

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**** Heel toe gait pattern within weight bearing restriction.**

Please Call with Questions:

Northwoods Therapy Associates
Altoona, WI (715) 839-9266
Chippewa Falls, WI (715) 723-5060

Evaluate and Treat.
MD Sign and Date: