

Dr. Brent Carlson

Hip Arthroscopy with Femoroplasty

Patient: _____

Chippewa Valley Orthopedics & Sports Medicine
 1200 OakLeaf Way, Suite A 757 Lakeland Drive, Suite B
 Altoona, WI 54720 Chippewa Falls, WI 54729

DOS: _____

	Phase I			Phase II			Phase III			Phase IV	
	Acute Care	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9-12 and beyond	
Weight Bearing**	25%	50%	50%	WBAT							
<p>Exercises are introduced on a weekly basis. Please continue with previous exercises to ensure good flexibility and strength. Prescription may alter this protocol. Please call Dr. Carlson with questions.</p>											
Exercises: Progress per protocol. Stretch, soft tissue mobilization for 6-10 weeks	Ankle pumps	Bike, no resistance	SAQ's and LAQ's	Standing hip flexion and extension	Seated active hip flexion and other core exercise on ball	Double 1/3, 1/2 partial squats	Single leg stance	Lunges	Full squats	Return to competition with full ROM, equal hip strength, no pain with all specific agility drills and ability to tolerate running program. Resume full activities 4-6 months. Please see Advanced Hip Arthroscopy Protocol for Weeks 9 and beyond. Functional testing for return to sport or high level of activity.	
	Passive supine Hip IR	Heelslides		Hip mobs, inferior glides				Step ups			
Home CPM: This will be set up at the hospital and then be used at home as well. Laying down use machine starting at 0-45° hip flexion and increase to 60° hip flexion as tolerated, 1 hour increments, 4 hours per day. Use your best judgment for hip position. The number on the pendant measures knee motion.	Gluteal, quad, hamstring isometrics	PROM-IR	Adduction/ Abductions isometrics	Bridges	Hip IR/ER Pain free range	Side Plank	Advance bridging swing leg, swiss ball	Single leg squats	Lateral agility		
		Transverse abdominal isometrics						Single leg squats	Lateral agility		
	At first out-patient visit:			Prone on elbows	Supine Marching	Add resistive Tubing for Hip flexion, Adduction, Abduction, Extension in standing	Leg Press	Side stepping with resistance	Lateral Step downs		Single leg knee bends
	Soft tissue mobilization, IT band, TFL, glut med, area surrounding incisions, scars.			Active supine hip IR	Flexibility of quads, hams, gastroc	Elliptical	Advance pool activity: fins, flutter kick, 4 way hip with water weights, step ups	Vectors	Forward/Retro gait with cord		
Pain Dominant hip mobilization, Grade I and II			Standing hip abduction, adduction	Prone knee flexion	Quadruped arm, leg, combo movements	Clam shells add resistance as able	Clocks	Walk-jog-run progression			
Microfracture 6 weeks NWB	At week 4 with wound healed:				Side lying hip abduction, prone hip extension	Heel raises	BOSU squats	Resistance tubing walking patterns	Swimming: water plyo's		Questions? Please call Northwoods Therapy Associates Altoona, WI (715) 839-9266 Chippewa Falls (715) 723-5060
	Pool exercise, walking, ROM, march, lateral steps, backward walking, mini squats, heel raises, hamstring and hip flexor stretches.				Bike with resistance	Wall sits					
Goals of Phase I: Restore ROM, Diminish pain and inflammation, prevent muscular inhibition, normalize gait with 50% WB restriction				Goals of Phase II: Restore pain free ROM, initiate proprioception, increase strength and endurance.			Goal of Phase III: Restore strength, endurance and cardio status. Optimize proprioception and balance.				
April 2015	Criteria to advance: Minimal pain, minimal range of motion limitations, normalized heel to toe gait with 50% WB				Criteria to advance: Minimal pain with phase II exercises. Single leg stance with level pelvis.			Criteria to advance to Phase IV: Single leg mini-squat with level pelvis. Pre-injury cardio ability and initial lateral and agility drills with good mechanics.			