OPEN HIP DECOMPRESSION PROTOCOL

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

pertaining to greater trochanter osteotomy, proximal femoral osteoplasty, acetabuloplasty

Patient:_____

DOS:_____

	Phase I Initial Exercises				Phase II Intermediate Exercises		Phase III Advanced			IV Sports Specific
	Days 1-4	Days 5-7	Week 1-2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8-12	Week 13-25
Weight Bearing	NWB	NWB	NWB	NWB	WBAT **To be confirmed by physician determined by healing of osteotomy on x-ray**					
There is a 90° flexion ROM restriction for about 4 weeks or until the patient is 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 any 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.										
Exercises: Progress per protocol. Stretch, soft tissue mob, and circumduction for 6-10 weeks.	Ankle pumps Passive supine Hip IR	Transverse Abdominal isometrics	Heel slides	Quadricep Hamstring Stretch	Kneeling hip flexor stretch	Double 1/3 partial squats	Single leg stance	Trunk rotation with single leg stance and cord resistance	Lunges	**To progress to Phase IV,** Anticipate return to work requiring labor at 12-16 weeks, use of treadmill and recreational sports at 16 weeks. Work on return to Pre-injury cardio ability. Add initial lateral and agility drills with good mechanics
Home CPM- Certain surgical procedures will require a CPM as part of rehab. At home, use machine starting at about 45-60° hip flexion and increase as tolerated to max 90° hip flexion 2-3 hour sessions, 6 hoursper day. Your physical therapist will instruct you on 90° limit. The number on the pendant displays knee position.	Gluteal, Quad, Hamstring Isometrics	PROM-IR	Adduction isometrics	Leg raises Adduction Extension	Quadruped Rocking	Abduction Leg raises	Advance Bridging Single leg, Swiss Ball	Side-step, add resistance as tolerated	Stepping patterns to prepare for intial lateral and general agility drills	
	Soft tissue mobilization: IT Band, TFL, glut med, area surrounding incisions.		Uninvolved knee to chest	Start scar mobilization when healing has progressed	Total Gym	Bike with resistance	Side plank	Lateral step downs		
	Circumduction of the hip with long axis hip IR, and in70º hip flexion, knee bent. 5 min, each position with CW/CCW.		Active supine hip IR	Bridges	Seated Active Hip Flexion	Gentle Manual Long Axis traction Manual AP mobs if needed		Elliptical	Fwd/Retro Gait with cord	
			Standing Hip IR-stool	Hip fall out or butterfly emphasize ER without pain	Abduction isometrics			Single leg mini squats	Walk-Jog-Run progression	W-cuts Z-cuts Cariocas Plyo's Sports specific Tasks. Functional Testing Please refer to specific running and functional progression protocols
			Prone IR/ER isometrics		Bike	Clamshells	**To progress to phase III** Full ROM Allowed. Strength 50% for Abduction,80% -90% for other directions		Weeks10-12 Initial Agility Drills	
PRECAUTION: *90° flexion limit until WBAT * The hip has been dislocated during this procedure *Avoid lateral hip pain		**To progress to Phase II**, minimal pain with exercise. Surgeon allows progression based on x-ray. Strength of extension, adduction and core about 50%-75% of normal. In general this protocol is 50% slower than a traditional hip arthroscope.			Water walking and gentle exercise if available	Water jogging and advance as able			Swimming: Water Plyo's	

Reviewed
September 2015

Please call with questions: Northwoods Therapy Associates
Altoona, WI (715) 839-9266 Chippewa Falls, WI (715) 723-5060