

ACUTE CARE STAY	OUT-PATIENT THERAPY			NOTES:
<p><b>Week 0-starts POD 1</b>                      Ankle pumps</p> <p>Pre-fit Hip Spica brace                      Locked at 30° hip flexion and 20° hip abduction. Brace is to be on at all times.                      If an abductor repair is done in combination with a hip arthroscopy, the brace may come off for the CPM. CPM is used 6 hours per day on a flat surface with patient in supine, settings 15° extension and 45° flexion. Do not advance this setting.</p> <p>Instruct in bed mobility, don/doff brace, sponge bathing. Clothing goes over brace. Tshirt may be helpful under the brace to avoid skin breakdown.</p> <p>ADL's: Toilet seat riser, reacher, sock aid, long shoe horn. Use devices as needed for soft tissue discomfort.</p>	<p><b>NWB phase</b>  <b>Usually 6-12 weeks, determined at time of surgery.</b>  <b>Hip Spica brace at all times during this phase.</b></p> <p><b>Usually no formal physical therapy unless problems arise.</b></p> <p>Available range SAQ's and LAQ's                      Ankle pumps                      Quad Isometrics                      Pain and swelling control if needed</p> <p>Watch for any skin breakdown. T-shirt okay under brace.</p> <p><b>**Abductor tears can vary greatly in size. This protocol can be used as a continuum after WB is allowed. **</b></p>	<p><b>Initial WB phase</b>                      Allowed when Dr. Stewart orders. Progress to WBAT over 4 weeks time.</p> <p>Wean from the brace when WB is allowed. Pt's may have flexion contracture, instability and depending on the season may feel the need for the brace at times.</p> <p><b>Week 1: 5-25% WB</b>                      Gentle isometrics for quad, glut, transverse abdominus, adductors and absolute pain free abduction. Soft tissue mobilization as needed.                      Gentle Scar mobilization                      No cross friction massage over hip abductor repair and muscles.                      Heel slides</p> <p><b>Week 2:25-50% WB</b>                      Start gentle AROM for hip flexion, extension, adduction-standing.</p> <p><b>Week 3: 50-75% WB</b>                      AROM for hip internal and external rotation and abduction.                      Bike                      Hamstring initiation</p> <p><b>Week 4: 75-100%</b>                      Isometrics for hip internal and external rotation in sitting.                      Calf, hamstring, hip flexor stretching.                      Gait activation exercises.</p>	<p><b>Full Weight Bearing</b></p> <p>Progress ROM to WNL or equal to opposite extremity.</p> <p>Progress strengthening to hip groups as tolerated-isometrics, isotonic</p> <p>Total gym or light leg press</p> <p>Double leg balance and proprioception</p> <p>Ambulation: walking without a limp. D/C assistive device</p> <p>As able and as the person needs for functional improvement and long term goals:                      Mini-squats                      Step-ups forward and lateral                      Wall sits                      Functional gait activities                      Double and single leg balance</p> <p>Address work, sport and recreational functional activity demands</p>	<p>Please call with any questions. Each patient's repair is very unique. There may be an additional diagnosis with the abductor repair that may need attention as well such as PFO, labral procedures, joint replacement etc. Please reference those protocols as well for advancement of hip after WB is allowed.</p> <p>Return to functional tasks will be quite variable and a general rule to follow:                      Double the time of NWB for a general estimate of return to higher level activities.</p>
<p>Any Questions? Please contact:  <b>Northwoods Therapy Associates</b>                      Altoona, WI Chippewa Falls, WI                      (715) 839-9266 (715) 723-5060</p> <p>May 2024</p>				