

## HIP RESURFACING PROTOCOL

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Patient \_\_\_\_\_  
 DOS \_\_\_\_\_

ACUTE CARE STAY	OUT-PATIENT THERAPY				NOTES:
<p><b>Week 0</b>                      Ankle Pumps    Quad Sets                      Gluteal Sets    Heel slides                      SAQ's            LAQ's                      Abd/Add**                      **Assist as needed</p> <p>Bed mobility                      May sleep on either side with pillow in between their knees.</p> <p>WBAT with assistive device.  <b>unless modified my MD.</b></p> <p>ADL's: May not be necessary. Toilet seat riser, reacher, sock aid, long shoe horn. Use devices as needed for soft tissue discomfort needs or if ROM restrictions are in place.</p>	<p><b>1-3 weeks post-operative</b></p> <p>Continue post-op exercises</p> <p>Stretches    Hip adductor                      -            Hip Flexor (Thomas)                      -            Hip fall-out</p> <p>Long Arc Quad</p> <p>Hip Adductor Ball squeeze</p> <p>Hip Abductor Isometric</p> <p>Bridge</p> <p>Standing    Hip Abduction                      -            Hip Extension                      -            Hip Flexion</p> <p>Heel raises</p> <p>Bike</p> <p>Gait training: Crutches, or walker for 3 weeks to avoid risk of stress fracture. Pt to avoid limping. As they wean off, may start with short distance, bed to bath without device, no limping.</p>	<p><b>4-6 weeks post-operative</b></p> <p>Continue stretches</p> <p>Continue strengthening</p> <p>Progress to:                      Hip Abduction with resistive tubing in hook-lying</p> <p>Sub-max isotonic with 1-5 pounds</p> <p>Hip Abduction side-lying                      Active-Isometric-Isotonic</p> <p>Clamshell</p> <p>Balance-double leg to single leg</p> <p>Total Gym</p> <p>Walking activation                      -            March                      -            Sidestep                      -            Backwards</p> <p>Gait training- 1 crutch or cane</p>	<p><b>7-12 weeks post-operative</b></p> <p>Progress ROM and strength to WNL or equal to opposite extremity</p> <p>Progress strengthening of Quad and Hip groups</p> <p>Total gym with single leg</p> <p>Leg press</p> <p>Mini-squats</p> <p>Step-ups forward and lateral</p> <p>Wall sits</p> <p>Balance</p> <p>Treadmill walking forward and backward</p> <p>Walking without a limp</p> <p>D/C cane when walking without a limp</p> <p>Address work, sport and recreational functional activity demands</p>	<p>Gluteus maximus to be protected for <b>6</b> weeks. <b>Avoid</b> repetitive deep squatting activities for this time.</p> <p>Progress to functional program as tolerated. Prepare for back to work, back to sport activities.</p> <p>This protocol should be interpreted as a continuum. If a patient is progress ahead of the time schedules, advance them as tolerated.</p>	
Any Questions? Please contact: <b>Northwoods Therapy Associates</b> Altoona, WI    Chippewa Falls, WI (715) 839-9266    (715) 723-5060					
May 2016					