



ORTHOPEDIC SURGERY

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PODIATRY

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CLINIC LOCATIONS

Spencer
Storm Lake
Spirit Lake
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OFFICE LOCATIONS

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www.nwiabone.com

Femoroplasty

- Allowed full weight bearing, but use crutches for four weeks
- Avoids risk of fracture through area of recontoured head neck junction.
- Protects against unexpected inordinate torsional or twisting forces, while muscle strength and response are regained
- Bony strength mostly unchanged at four weeks, but muscular function can protect the joint
- Vigorous impact loading avoided for 12 weeks
- Allows for bone remodeling/healing
- Aggressive functional progression delayed until 12 weeks
- Then progressed to tolerance
- Resumption of full activities anticipated at 4-6 months
- Variable as dictated by hip symptoms
- Always use pharmacologic prophylaxis against heterotopic ossification (unless contraindicated)
- Quiz patient
- Must initiate and maintain immediately postop

Phase I: Initial Exercise (Weeks 1-3)

- Week 1
 - Ankle pumps
 - Glut, quad, HS, adduction
 - Heel slides, active-assist range of motion
 - Log rolling
 - Pelvic tilt, trunk rotation
 - Double leg bridges
 - Seated heel lifts
 - Seated knee extension

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- Prone positioning – POE, prone knee flexion
- Standing abduction, adduction, extension, flexion without resistance

- Standard stationary bike without resistance at 3 days post-op (10min if tolerated)

- Upper body ergometer, upper body strengthening

- Pain dominant hip mobilization- grades I, II

- Week 2 (in addition to above)

- Supine marching, modified dead bug

- Abduction isometrics

- Ankle PNF

- Superman

- 4 way theraband resistance on affected side (start very low resistance)

- Pool water walking, ROM, march steps, lateral steps, backward walking, mini-squats, heel raises, hamstring and hip flexor stretches

Week 3

- Continue stationary bike with minimal resistance – 5 min. increase daily

- Weight shifts- standing, sitting supported, anterior/posterior, laterals, physioball

- ¼ mini squats, standing heel lifts, wall mini-squats, physioball mini-squats with cocontraction

- Hip flexion, IR/ER in pain free range

- Ankle resistance with dead bug

- Double leg bridges to single leg bridges

- Clamshells (pain-free range)

- 3 way leg raises- abd, add, ext

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- Kneeling hip flexor stretch (short of pain)
- Quadruped 4 point support, progress 3 point support, progress 2 point support
- Seated physioball progression- active hip/knee
- Active range of motion with gradual end range stretch within tolerance
- Stiffness dominant hip mobilization- grades III, IV

Goals

- Restore ROM
- Diminish pain and inflammation
- Prevent muscular inhibition
- Normalize gait

Criteria for progression to Phase 2

- Minimal pain with phase 1 exercises
- Minimal range of motion limitations
- Normalized gait with one or two crutches

Phase 2: Intermediate exercises (Weeks 4-6)

- Weeks 4 and 5
 - Wean off of crutches after 4 weeks
 - Gradually increase resistance with stationary bike
 - Crunches
 - Standing theraband/pulley weight flexion, adduction, abduction, extension, multihip machine
 - Single leg sports cord leg press (long sitting) limiting hip flexion
 - Shuttle leg press 90 degree hip flexion with cocontraction of adductors
 - Single leg balance- firm to soft surface

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- Clamshells with theraband
- Pool water ex. flutter kick swimming, 4 way hip with water weights, step-ups
- Forward and lateral walking over cups and hurdles (pause on effected limb) add ball toss while walking (week 5)
- Initiate elliptical machine (week 5)

- Week 6

- Single leg balance- firm to soft surface with external perturbation (ball catch, sports specific/ simulated ex.)
- Leg press (gradually increasing weight)
- Physioball hamstring ex. hip lift, bent knee hip lift, curls, balance
- Superman on physioball- 2 point on physioball
- Knee extensions, hamstring curls
- Manual/ theraband PNF
- Sidestepping with resistance (pause on effected limb) sports cord walking forward and backward (pause on effected limb)
- Bosu squats

Goals

- Restore pain free range of motion
- Initiate proprioception exercises
- Progressively increase muscle strength and endurance

Criteria for progression to Phase 3

- Minimum pain with Phase 2 ex.
- Single leg stance with level pelvis

Phase 3: Advance exercises

- Weeks 7-8
- Full squats
- Single stability ball bridges

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- Step-ups with eccentric lowering
- Lunges progress from single plane to tri-planar lunges, add med balls for resistance and rotation
- Theraband walking patterns- forward, side stepping, carioca, monster steps, backward ½ circles forward/ backward- 25 yds. Start band at knee height and progress to ankle height
- Side steps over cups/hurdles (with ball toss and external sports cord resistance) increase speed
- Single leg body weight squats, increase external resistance, stand on soft surface

Goals

- Restoration of muscular endurance/ strength
- Restoration of cardiovascular endurance
- Optimize neuromuscular control/ balance/ proprioception

Criteria for Progression to Phase 4

- Single leg mini-squat with level pelvis
- Cardiovascular fitness equal to preinjury level
- Demonstration of initial agility drills with proper body mechanics

Phase 4: Sports specific training rehab clinic based progression

- Weeks 9-11
 - All phase 3 exercises
 - Single leg pick ups, add soft surface
 - Pool running (progress from chest deep to waist deep), treadmill jogging
 - Step drills, quick feet step ups (4-6 inch box) forward, lateral, carioca
 - Plyometrics, double leg and single leg shuttle jumps
 - Theraband walking patterns 1 rep of six exercises x 50yds, progress to band at knee height and ankle height

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Sports specific training on field or court

- Weeks 12 and on
 - Running progression
 - Sport specific drills
 - Traditional weight training

Criteria for full return to competition:

- Full ROM
- Hip strength equal to uninvolved side, single leg pick up with level pelvis
- Ability to perform sport-specific drills at full speed without pain
- Completion of functional sports test

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