



ORTHOPEDIC SURGERY

Philip A. Deffer, MD
Jason C. Hough, DO
John A. Leupold, MD
Christopher J. Rierson, DO
Seth W. Harrer, MD
Andrew G. Pick, DO

PODIATRY

Timothy D. Blankers, DPM
Jesse R. Wolfe, DPM

CLINIC LOCATIONS

Spencer
Storm Lake
Spirit Lake
Estherville
Emmetsburg
Pocahontas
Cherokee
Primghar
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Algona

OFFICE LOCATIONS

1200 1st Ave. E., Suite C
Spencer, IA 51301
Phone: 712-262-7511
800-248-4049
Fax: 712-262-3658

1525 West 5th St., Pod C
Storm Lake, IA 50588
Phone: 712-213-8050
Fax: 712-213-8015

2301 HWY 71, Suite E
Spirit Lake, IA 51360
Phone: 712-336-8708
Fax: 712-336-8115

www.nwiabone.com

Routine Arthroscopic Procedure

(Loose body removal, labral debridement, chondroplasty, synovectomy, ligamentum teres debridement)

- Wight bearing as tolerated- use crutches to normalize gait
 - Crutches are usually discontinued at 5-7 days, once gait is normalized
- Initiate supervised physical therapy, post op day 1 or 2
- Isometrics, co-contractions, closed chain exercises
- Initiate stationary bike as symptoms allow
 - Seat raised to avoid uncomfortable hip flexion
 - Low resistance with the emphasis on fluid ROM
- Pool program initiated when sutures are removed and portals healed
 - (approximately 10 days, sutures removed at 1 week)
- Rehab deliberate for the first 2-3 months, then initiate functional progression as symptoms allow
 - (2 verses 3 months dictated by nature of pathology)
 - 2 months: loose fragment, simple labral tears, ruptured ligamentum teres
 - 3 months: tenuous preserved labrum (i.e. thermal treatment for stabilization); or extensive articular damage
- “Honeymoon Period”
 - At 1 month most patients feel like they are doing better than they really are (regardless of eventual outcome)
 - Probably due to expectations of surgery being more disabling
 - Risk overdoing it
 - Delaying functional progression based on tolerance to 2-3 months more reliable with less risk of setback
 - Functional progression more liberal for athletes with close supervision

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Phase 1: Initial Exercise (Weeks 1-3)

Week 1

- Ankle pumps
- Glut, quad, HS, adduction isometrics
- Heel slides, active-assisted range of motion
- Log rolling
- Pelvic tilt, trunk rotation, modified dead bug
- Double leg bridges
- Seated heel lifts
- Seated knee extension
- Prone positioning – POE, prone knee flexion
- Standing abduction, adduction, extension, flexion, without

resistance

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

- Upper body ergometer, upper body strengthening
- Pain dominant hip mobilization- grades I, II

Week 2 (in addition to above)

- Abduction isometrics
- 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
- 4 way theraband resistance on affected side (start very low resistance)
- Ankle PNF
- Superman

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●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

●Active range of motion with gradual end range stretch
within tolerance

●Double leg bridges to single leg bridges

●Clamshells (pain free range)

●3 way leg raises- abd, add, ext

●Single leg sports cord leg press (long sitting) limiting hip
flexion

●Shuttle leg press 90 degrees hip flexion with co-contraction
of adductors

●Ankle resistance with dead bug

●Quadruped 4 point support, progress 3 point support,
progress 2 point

●Seated physioball progression-active hip/knee

●Forward and lateral walking over cups and hurdles (pause
on effected limb) add ball toss while walking

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 without crutches

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Phase 2: Intermediate exercises (Weeks 4-6)

Weeks 4 and 5

- Gradually increase resistance with stationary bike
- Initiate elliptical machine
- Crunches
- Bosu squats
- Standing theraband/pulley weight flexion, adduction, abduction, extension, multi-hip machine
- Single leg balance- firm to soft surface
- Clamshells with theraband
- Sidestepping with resistance (pause on effected limb), sports cord walking forward and backward (pause on effected limb)
- Pool water ex. Flutter kick swimming, 4 way hip with water weights, step-ups

• 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

Goals

- Restore pain-free ROM
- Initiate proprioception exercises
- Progressively increase muscle strength and endurance

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Criteria for progression to Phase 3

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

Phase 3: Advanced exercises

Weeks 7-8

- Full squats
- Single stability ball bridges
- 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

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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 50 yds. Progress to band at knee height and ankle height
- 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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