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 Eval and Treat 6 visits

Phase I (Post-Op Acute)	Phase II (Weeks 0-2)	Phase III (Weeks 2-4)	Phase IV (Weeks 4- Discharge)
<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>No hip flexor strengthening, SLR, or supine hip ABD</li> <li>Caution patients on being overly active too soon; potential to irritate due to tight joint capsule and weak abductors</li> <li>No heel lift for at least 3 months (see “Inpatient Care” for leg length discrepancy info)</li> <li>Assistive device for a minimum of 2 weeks</li> </ul> <p style="text-align: center;"><b>INPATIENT CARE</b></p> <ul style="list-style-type: none"> <li>Reduce pain and manage post-op swelling</li> <li>Stairs training</li> <li>Instruct in WBAT gait</li> <li>Education on perceived leg length discrepancy- both patient’s sense of this and therapist’s measurement. This will normalize with time.</li> </ul> <p style="text-align: center;"><b>ROM</b></p> <ul style="list-style-type: none"> <li>ROM as tolerated; no ROM restrictions</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>Quad sets</li> <li>Hamstrings sets</li> <li>SAQ</li> <li>Ankle pumps</li> <li>ER isometric</li> <li>Standing hip flexor stretch</li> <li>Seated adductor stretch</li> </ul>	<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>Continue Phase I precautions until 3 months post-op - No hip flexor strengthening, SLR, or supine hip ABD</li> </ul> <p style="text-align: center;"><b>CLINIC CARE</b></p> <ul style="list-style-type: none"> <li>Soft tissue mobilization</li> <li>Lateral grade I-II mobs, coupled with hip ER</li> <li>Inferior grade II-III mobs, coupled with passive hip flexion</li> </ul> <p style="text-align: center;"><b>ROM</b></p> <ul style="list-style-type: none"> <li>ROM as tolerated</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>Strengthening for ER, ABD (not in supine), EXT as tolerated</li> <li>Continue hip flexor and adductor stretching</li> </ul> <p style="text-align: center;"><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>Increase active and passive ROM to restore normal gait and improve functional activities</li> <li>Strengthen gluteus medius and minimus</li> <li>Begin to recruit gluteus maximus</li> </ul>	<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>Continue Phase I precautions until 3 months post-op - No hip flexor strengthening, SLR, or supine hip ABD</li> <li>Begin CKC strengthening cautiously to avoid greater trochanteric pain</li> </ul> <p style="text-align: center;"><b>CLINIC CARE</b></p> <ul style="list-style-type: none"> <li>Continue manual therapy techniques, including psoas release techniques</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>Upright stationary bike</li> <li>Progress standing ex’s to anti-gravity as tolerated</li> <li>Bridging with band</li> <li>Balance activities</li> <li>Lower abdominal strengthening program</li> <li>Gait training</li> </ul> <p style="text-align: center;"><b>GOALS or Criteria to Advance</b></p> <ul style="list-style-type: none"> <li>Begin to normalize gait</li> </ul>	<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>Continue Phase I precautions until 3 months post-op - No hip flexor strengthening, SLR, or supine hip ABD</li> </ul> <p style="text-align: center;"><b>CLINIC CARE</b></p> <ul style="list-style-type: none"> <li>Soft tissue mobilization, including over peri-incisional area; avoid foam rollers and Graston tools over bony prominences</li> <li>Joint Mobilizations</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>Bridging progression</li> <li>Progress balance activities</li> <li>Standing isometric hip abduction and ER against wall</li> <li>Core strengthening</li> <li>Focus on LE mechanics</li> <li>Provide dynamic exercises utilizing multiple muscle groups to help maintain hip strength and ROM</li> <li>More advanced exercises can be given for more active patients</li> </ul> <p style="text-align: center;"><b>Criteria for Discharge</b></p> <ul style="list-style-type: none"> <li>Non-antalgic, independent gait</li> <li>Normal, age appropriate balance</li> <li>Restore endurance</li> <li>Restore proprioception/balance</li> <li>Return to full functional activities</li> </ul>