

R. JOHN ELLIS, JR., M.D.
MARK E. PETRIK, M.D.
LAWRENCE A. SCHAPER, M.D.
MARK G. SMITH, M.D.
G. JEFFREY POPHAM, M.D.
AKBAR NAWAB, M.D.
MICHAEL SALAMON, M.D.
MATTHEW PRICE, M.D.
DANIEL RUEFF, M.D.



ORTHOPAEDIC SURGERY
FRACTURES
JOINT REPLACEMENT
SPORTS MEDICINE

FEMOROPLASTY PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be released from the hospital the same day as surgery
- Always use pharmacologic prophylaxis to combat heterotopic ossification (unless contraindicated). You must initiate and maintain this immediately post-op.
- Surgical dressing should be removed 2 days post op in physical therapy
- Patient will be weight bearing as tolerated, using crutches to promote normal gait pattern for 4 weeks to prevent risk of fracture in the area.
- Begin outpatient physical therapy 2-3 days post op.
- Patient will avoid vigorous impact loading (i.e. Running, jumping, or excessive treadmill walking) for 12 weeks in order to let the bone remodel and heal.
- Functional progression of activities may need to be delayed for 12 weeks to minimize exacerbation of symptoms. After 12 weeks, functional progression will be determined by patient's tolerance to the exercises and general activity.
- Resumption of full activities is anticipated at 4-6 months (variable as determined by hip symptoms)

PHASE 1: INTIAL PHASE

Week 1:

- Weight shifts: sitting, supported, anterior/posterior, lateral
- Ankle pumps
- Log rolling
- Pelvic tilt
- Trunk rotation
- Double leg bridges
- Prone on elbows
- Prone knee flexion

Week 2:

Continue with previous exercises, but may add:

- Supine marching, modified dead bug
- Abduction isometrics
- Superman
- Theraband resistance (start very low resistance)– abduction, adduction, flexion, extension

Week 3:

Continue with previous exercises, but may add:

- Clamshells
- Leg raises – abduction, extension
- Quadruped – 4 point support → progress 3 point support → progress 2 point support
- Seated physioball hip flexion
- Hip mobilization – inferior glides in flexion

Patient may progress to phase 2 when they have achieved the following: minimal pain with phase 1 exercises, minimal range of motion limitations, normalized gait without crutches

PHASE 2: INTERMEDIATE PHASE

Weeks 4-5:

Continue with previous or modified versions of previous exercises, but may add:

- Standing theraband/pulley weight – adduction, flexion, extension, abduction
- Single leg balance
- Leg press with 90 degrees of hip flexion
- Clamshells with resistance

Week 6:

Continue with previous or modified versions of previous exercises, but may add:

- Superman on physioball
- Sports cord walking (pause on affected side) – forward, backward, sidestepping
- BOSU squats
- Knee extensions
- Hamstring curls
- Single leg balance with external perturbation

Patient may progress to phase 3 when they have achieved the following: minimal pain with phase 2 exercises and single leg stance with level pelvis.

PHASE 3: ADVANCED EXERCISES

Weeks 7-8

Continue with previous or modified versions of previous exercises, but may add:

- Single leg mini squat
- Step-ups
- Theraband walking patterns (approx. 25 yds): forward, sidestepping, carioca, monster steps, backward, ½ circles forward and backward. Start with band at knee height and progress to ankle height.

Patient may progress to phase 4 when they have achieved the following: single leg mini squat with level pelvis, cardiovascular fitness equal to pre-injury level, demonstration of initial agility drills with proper body mechanics.

PHASE 4: SPORTS SPECIFIC TRAINING REHAB CLINIC BASED PROGRESSION

Weeks 9-11

Continue with previous or modified versions of previous exercises, but may add:

- Single leg pick ups
- Step drills, quick feet step ups, forward, lateral, carioca
- Plyometrics, double leg and single leg jumps
- Theraband walking patterns 1 rep of 6 exercises at 50 yds.
- Pool running or treadmill jogging

Week 12+

Continue with previous or modified versions of previous exercises, but may add:

- Running progression
- Sport specific drills
- Traditional weight training

Criteria for full return to sport:

- **Full range of motion**
- **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**