

HIP ARTHROSCOPY REHABILITATION PRESCRIPTION

Procedure Performed

- Diagnostic only
- Labral resection
- Labral repair (anterior, lateral, posterior)
- Proximal femoral osteoplasty
- Acetabuloplasty
- Chondroplasty (femoral, acetabular)
- Microfracture (femoral, acetabular)
- Iliopsoas release

Place patient sticker here

Copy of prescription:
 To patient
 To chart
 To office

Patient to learn crutch use prior to discharge

Modalities

- Ice for pain and swelling about the hip
- Leg swelling, elevate "toes above the nose"
- Massage to muscles about the hip
- Scar mobilization once stitches out and wound well-healed

Weight bearing

Postop begin with _____% weight bearing
 Begin weight bear as tolerated at _____ weeks

Range of motion

Flexion postop	Unlimited	Limited to _____ deg until week _____
External rotation	Unlimited	Limited to _____ deg until week _____
Internal rotation	Unlimited	Limited to _____ deg until week _____

Strengthening

Calf pumps	Immediate	
Isometrics	Immediate	Start at week _____
Exercise bike	Immediate	Start at week _____
Closed chain quad/gluteal exercises at week _____		
Goal for beginning sport specific training exercises, week _____		

Begin physical therapy at _____ on _____

Frequency

One to three times per week for the first 4 to 6 weeks
 Renewal of prescription to treat will be sent after follow-up with Dr. Stewart

Signature _____

Date _____

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