



**Justin Mark LaReau, MD**  
Hinsdale Orthopaedics Associates

## **Open Surgical Dislocation** **Physical Therapy Protocol**

*This protocol is designed to provide guidelines for your patient's therapy progression. It is not intended to serve as an exact measure of treatment. We request that the clinician use appropriate clinical decision making skills when progressing a patient's therapy course.*

**Please confirm the exact procedure performed from our office prior to the first post-op visit. Please contact Dr. LaReau with any questions about the protocol or your patient's condition.**

Please keep in mind common problems that may arise following an open hip surgery. If issues arise, please evaluate, assess, and treat as you feel appropriate, maintaining Dr. LaReau's precautions and guidelines at all times. Gradual progression is essential to avoid flare-ups. If a flare-up occurs, slightly back off with therapeutic exercises until symptoms subside.

Please reference the exercise progression sheet for timelines and use the following precautions during your treatments.

Please fax all progress notes to Dr. LaReau's office, or hand deliver with the patient themselves. Feel Free to contact Dr. LaReau at any time with your input on how to improve the therapy protocol.

**Successful treatment requires an interprofessional approach. The PT/PTA/AT are all a critical part of the team and the patient's success.**

*Please Use Appropriate Clinical Judgment During All Exercise Progressions*

### **PROCEDURE:**

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**WB Precautions: 1/6<sup>th</sup> body weight flat foot WB x6 weeks**

**\*\*\*\*If trochanteric advancement, 1/6<sup>th</sup> body weight WB until further noted from Dr LaReau\*\*\*\***



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## PHASE 1 (0-5 weeks post-op):

**Strict Precautions: 1/6 body weight flat foot weight-bearing, no hip flexion greater than 70\* , no active hip abduction**

Goals: Edema control, pain control, passive hip flexion ROM to 70\* (CPM)

### Hospital Course

- sit in chair for 20-30 minutes
- CPM: 0-60\*
- ambulation with walker

### Day 1 (hospital)

- gluteal sets and quad sets (2-3x/day until week 4)

### Continue CPM from 0-60\* until Week 4

#### Week 4

- Heel slides
- Bent knee fallouts
- Prone knee flexion
- Prone hip abduction
- Prone foot push
- Prone medial rotation
- Prone lateral rotation
- Quadruped rocking
- Straddle weight shifts (no greater than 1/6<sup>th</sup> body weight, weight bearing)
- Standing hip abduction
- Standing hip extension

#### Week 5

- Continue above exercises
- Add seated knee extension
- Add side-lying hip lateral rotation
- Can begin aquatic therapy in deep water
  - marching
  - bicycle
  - cross-country
  - half-jacks
  - heel kicks
- Ambulation with 2 crutches, 1/6<sup>th</sup> body weight, flat foot weight bearing



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## PHASE 2 (5-12 weeks post-op):

**Precautions may be lifted by surgeon.**

Goals: strengthening, increased weight bearing

### Week 6

- Ambulation with 2 crutches, 50% weight-bearing
- If clinic has a Hydro-Track®, may begin gait training

### Week 7

- Continue exercises from phase 1
- Gait training with one crutch
- Resistance with deep water exercises

### Week 8

- Upright bike (hip flexion < 90\*)
- Add seated active-assistive hip flexion
- Add seated lateral rotation
- Add active assistive hip flexion with towel
- Add side-stepping (with plinth support)
- Add supine hip abduction

### Week 9

- Add active hip flexion
- Add standing lateral rotation with Thera-Band®
- Add prone hip abduction with Thera-Band®

### Week 10

- Add resistance to standing hip extension and hip abduction

### Week 11

- Add supine active hip flexion
- Add single leg stance



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## PHASE 3 (12 weeks-6 months post op)

Goals: full weight-bearing, restore functional strength and proprioception, improve endurance

Weeks 12-6 months post op

- Progress strengthening exercises
- Include exercises to improve proprioception
- Encourage utilization of pedometer to improve endurance
- By week 16, patient should no longer use an assistive device for ambulation

**WOUND CARE POST OPERATIVELY:** Patients typically will be discharged with a dressing (brown Mepalex dressing) which can be left on for up to 5 days if dry. You will typically obtain at least one of those dressing to change at home after leaving the hospital. Underneath the dressing are steri strips which aid in healing of the incision, therefore, those should be left on until they fall off on their own. You may shower on post operative day 7 but cover the incision and pat dry following the shower. Do not apply any lotion etc. on the incision, keep it as dry as possible.

**If there are any further questions or concerns, please feel free to contact Dr LaReau's Office.**

**If you prefer contact through email the address you may contact is:**

**magdalena.malinowska @hoasc.com**



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