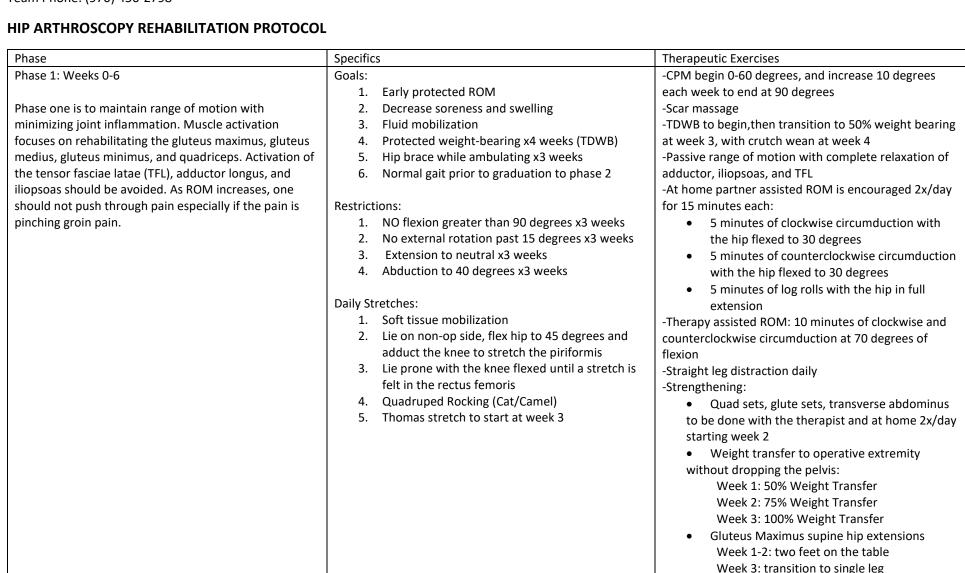
Jared T. Lee, MD

Hip, Knee, Shoulder & Sports Medicine Surgery

The Steadman Clinic – Aspen

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THE STEADMAN CLINIC

Open Chain Exercises: clam shells, standing

abduction without pelvic drop

		 Aquatic Therapy: Antegrade normal heel to toe gait x15 minutes Focus on normal gait without pelvic drop:
Phase 2: Weeks 6-12 Phase 2 should focus on continued manual therapy to include soft tissue and joint mobilizations to treat patient specific range of motion limitations and joint tightness. Soft tissue mobilization should continue to address stiffness at surgical sites and pinching in the anterior hip	-No brace is necessary -Address lumbar and/or pelvis dysfunction -Restore range of motion -Increase strengthening	-Lateral belt hip distraction: Knee at 90 degrees with belt around therapist and patient's proximal thigh -Lateral distraction by therapist -Inline distraction daily BID -Range of motion: -Quadratus Lumborum Stretches -Rectus Femoris Stretching -Rotation of Trunk of Single Leg Stance -Cardiovascular Rehab and Core Strengthening -Lateral Lunges -Short Squats -Psoas Strengthening -Planking: standard & side -Side-lying abduction
Phase 3: Months 3-8 Goals: Full range of motion, minimal pain, begin muscular activation and strengthening, protect the repair, progression of functional activities, advanced sport and recreational activity per surgeon	-NO heavy weightlifting until week 16 Criteria for Discharge: -<10% strength deficit -Limb similarity index of 90% or greater -45/50 on biomechanical functional tests (if performed) -NO pain or complaints of instability	-Single Knee Bend -Side-to-side hip with control -Monster Walking -Biking -Running Progression: Begin with 1 minute interval and increase as tolerated -Ballistic Exercises -Box Jump -Diagonal Jump -Dynamic Hop with Rotation -Continue Aquatic Therapy as indicated