

FastTrack Phase 1 “Rehab” 0-6 week



The primary goal in Phase I is simply walking without assistance and without a limp by 6 weeks post-operatively.

- “Restrictions”- while **there are no “restrictions”** on weightbearing or motion, we limit active straight leg raises and recruitment of the hip flexors for 6 weeks. No weighted pivots for 3 weeks (no golf or tennis), and no submersion in water until the wound is sealed and checked at 6 week postop appt. Also, avoid deep repetitive hip flexion until wound is healed (no rowing machine, recumbent bicycle)
- Begin walking with assistive device in and around the house. As this becomes easier, start walking around outside on paved surfaces. Most patients use the assistive device for about 2 weeks after surgery.
- Stop using assistive device once you no can walk without it without a limp. We do NOT want you off the devices if you are limping. If your body remembers the limp, you will continue to limp. It may take 2 weeks, it may take 4. You do NOT get a medal for dropping your walker fast!!!!
- Begin walking up hills or inclines once flat surface walking is painless and “limp free”
- The following exercises should begin the night of your surgery and then be done twice a day starting the day after surgery: (15-20 reps, 2 sets). But NOTHING replaces the value of walking.



Seated knee extensions



Ankle pumps

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Hamstring sets



Pelvic tilt



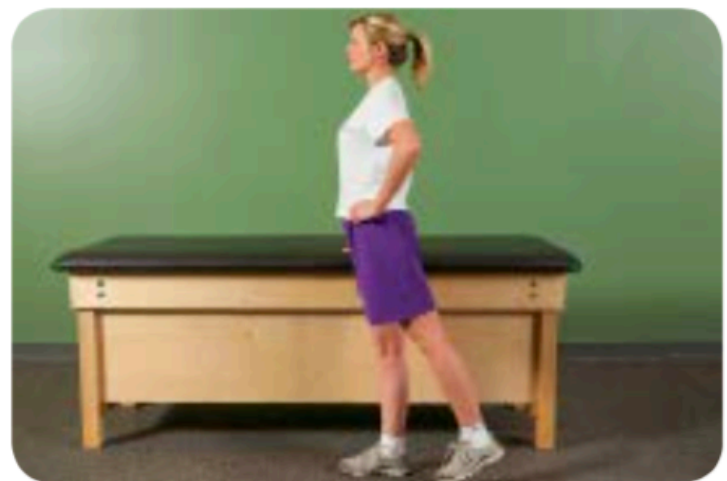
Glut sets



Log rolling



Standing flexion without resistance



Standing extension without resistance

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Standing abduction without resistance



Standing adduction without resistance



Long axis traction with rotational “pendulums” -assisted. Active assistant grasps leg at the ankles, pulls gently on the leg and rotates with small circles, one direction x 10 and then the other way (clockwise followed by counter-clockwise for example.). Patient may have to hang on to not be pulled off the bed!

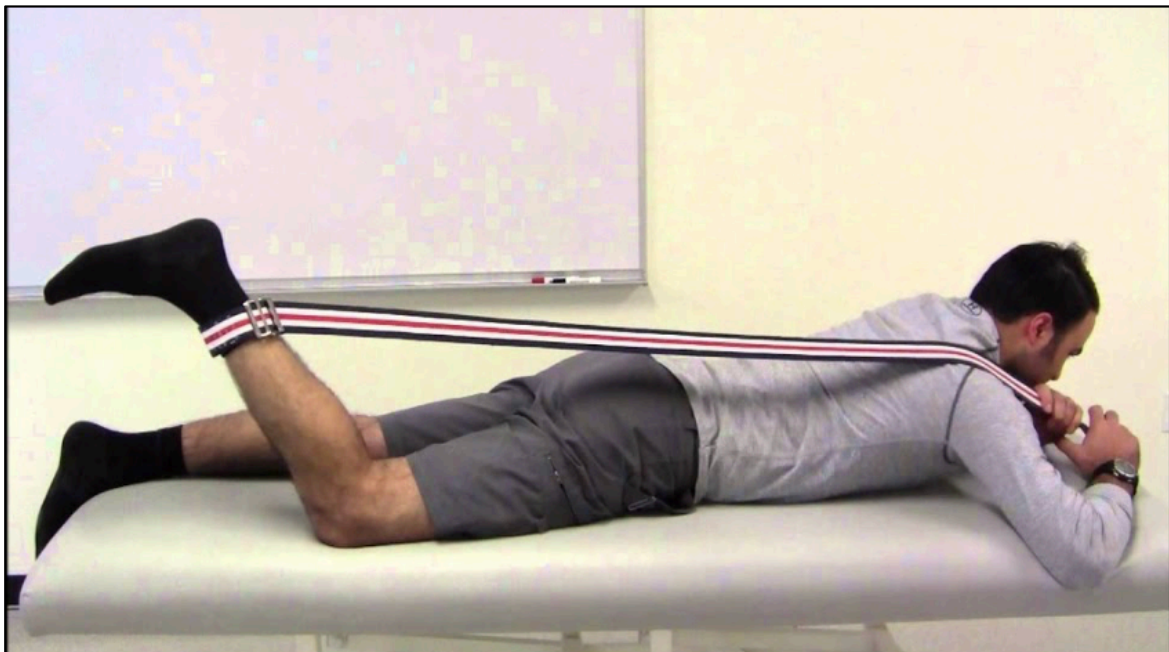


Progressive prone laying (see next page): start by lying on your stomach (prone) 30 minutes twice a day as soon as your pain allows (typically about 3 days after surgery). This starts to stretch out the anterior hip muscles.

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When this starts to feel ok, start lying with your elbows supporting. Make sure your pelvis/hips continue touching the bed/floor. When you can tolerate quadricep stretching (week 2-3), start using a band or an assistant to pull you foot closer to your body as shown below.



FastTrack Phase 1 RE-hab 0-6 weeks: Intermediate changes



Many FastTrack patients regain enough strength to accelerate the rehab program before the first 6 week post-op appointment.

- If you feel that supervised physical therapy will accelerate your recovery, call Val and we will email an order for PT at any time.
- Deep tissue mobilization of the anterior hip muscles is often beneficial around week 4 and can be part of a structured outpatient program.
- If you feel that you are walking well without pain or a limp, the following additional activities are often started after 3-4 weeks:

- ✓ Stationary bicycle: start with no resistance and gradually increase
- ✓ Elliptical trainer: start with no resistance and gradually increase
- ✓ Treadmill: Begin walking and then walking on incline. Increase to jogging only after absolutely pain free and without limp.
- ✓ Resistance exercises including leg presses, mini squats, and knee extension with weights can be resumed when pain free ambulation has occurred
- ✓ Core abdominal training and upper body exercises can be resumed at any time.

Remember, limit straight leg raises and deep flexion activities! Anterior hip muscle stretching is preferred to strengthening before week 6!

At 6 week MD appointment with Dr. F we will assess if formal PT should be instituted.