Post Operative Core Decompression Rehabilitation Protocol

ROM Restrictions:

-Perform PROM in patient's PAIN FREE Range

FLEXION	EXTENSION	EXTERNAL	INTERNAL	ABDUCTION
		ROTATION	ROTATION	
Limited to:	Limited to:	Limited to:	Limited to:	Limited to:
90 degrees x 2 weeks (may go higher in the	0 degrees x 3 weeks	*30 degrees @ 90 degrees of hip flexion x 3 weeks	*20 degrees @ 90 degrees of hip flexion x 3 weeks	30 degrees x 2 weeks
CPM)		*20 degrees in prone x 3 weeks	*No limitation in prone	

Weight Bearing Restrictions: Gait Progression:

20# FOOT FLAT Weight Bearing	Begin to D/C crutches at 4 weeks-6 weeks				
-for 4 weeks	Patient may be fully off crutches and brace once gait is PAIN FREE and NON-COMPENSATORY				

PATIENT PRECAUTIONS:

- -NO Active lifting of the surgical leg (use a family member/care taker for assistance/utilization of the non-operative leg) for approximately 4 weeks
- -NO sitting greater than 30 minutes at a time for the first 3 weeks
- -DO NOT push through pain

POST-OP DAY 1/INITIAL PHYSICAL THERAPY VISIT:

☑ Check List:

Activity/Instruction	Frequency	Completed ?

Instructed in ambulation and stairs with crutches and 20# FFWB		
Upright Stationary bike no resistance	20 minutes daily	
CPM usage	4 hours/day (decrease to 3 hours if stationary bike used for 20')	
Instruction on brace application/usage		
PROM (circumduction, abduction, log rolls) instructed to the family/caregiver *maintain restrictions for 3 weeks	20 minutes; 2 times each day	
Prone lying	2-3 hours/day	
Isometrics (quad sets, glut sets, TA activation)	Hold each 5 seconds, 20 times each, 2x/day	

PHASE 1

Goal: Protect the Joint and Avoid Irritation

- -Goal is symmetric ROM by 6-8 weeeks
- -NO Active open chain hip flexor activation
- -Emphasize Proximal Control
- -Manual Therapy to be provided **20-30 minutes/PT** session

Date of surgery:	Week	1	2	3	4	5	6
Stationary bike (20 min, Increase time at week 3 as patient tolerates)	Daily	✓	✓	✓	✓	✓	✓
Soft tissue mobilizatio n (specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament)	Daily (20- 30 minutes each session)	✓	V	✓		✓	✓
Isometrics -quad, glutes, TA	daily	√	√				
Diaphragm atic breathing	daily	✓	✓				
Quadriped -rocking, pelvic tilts, arm lifts	daily	√	√	✓			
Anterior capsule stretches: surgical leg off table/Figur e 4	daily			✓	✓	✓	✓

Clams/reve rse clams	daily	✓	√	✓			
TA activation with bent knee fall outs	daily	✓	√	✓			
Bridging progressio n	5x/week		√	✓	√	√	✓
Prone hip ER/IR, hamstring curls	5x/week		√	✓	√	✓	✓

PHASE 2

Goal: Non-Compensatory Gait and Progression

- -Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns
- -Provide tactile and verbal cueing to enable non-compensatory gait patterning
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -If MicroFracture was performed, Hold all weight bearing exercises until week 6

Date of	Week	3	4	5	6	7	8	9	10
Surgery:									
Progress			✓	✓	✓				
off									
crutches									
starting									
week 4									
Continu	2x/week	✓	✓	✓	✓	✓	✓	✓	✓
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soft tissue mobiliza tion to treat specific restricti ons									
Joint Mobiliza tions posterio r/inferio r glides	2x/week			√	√	√	√	√	√
Joint Mobiliza tions anterior glides	2x/week					√	√	√	√
Prone hip extensio n	5x/week	√	√	√					
Tall kneeling and ½ kneeling w/ core and shoulder girdle strength ening	5x/week	✓	✓	✓	✓				
Standing weight shifts: side/sid e and anterior /posteri or	5x/week	√	√						

Backwar d and lateral walking no resistan ce	5x/week	✓	✓						
Standing double leg 1/3 knee bends	5x/week		✓	√	√				
Advance double leg squat	5x/week				√	\	✓	\	~
Forward step ups	5x/week				√	√	√	√	√
Modifie d planks and modifie d side planks	5x/week				√	~	√	>	✓
Elliptical (begin 3 min, ↑ as tolerate d)	3x/week				√	√	√	√	V

Phase 3

Goal: Return the Patient to Their Pre-Injury Level

- -Focus on more FUNCTIONAL exercises in all planes
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -More individualized, if the patients demand is higher than the rehab will be longer

Date of surgery	Week	8	9	10	11	12	16
Continue soft tissue and joint mobilizati ons PRN	2x/week	√	√	√	✓	√	
Lunges forward, lateral, split squats	3x/week	✓	√	√	✓	√	√
Side steps and retro walks w/ resistance (begin w/ resistance more proximal)	3x/week	√	✓	✓	✓	✓	✓
Single leg balance activities: balance, squat, trunk rotation	3x/week	√	✓	✓	✓	✓	✓
Planks and side	3x/week	√	√	✓	✓	✓	✓

planks (advance as tolerated)							
Single leg bridges (advance hold duration)	3x/week	√	√	√	√	√	√
Slide board exercises	3x/week			√	√	√	✓
Agility drills (if pain free)	3x/week			✓	✓	✓	✓
Hip rotational activities (if pain free)	3x/week			✓	✓	✓	✓

Phase 4

Goal: Return to Sport

- -It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery
- -Perform a running analysis prior to running/cutting/agility
- -Assess functional strength and obtain proximal control prior to advancement of phase 4

Date of	Week	16	20	24	28	32
surgery						

Running	In Alter G	✓	√	√	√
Agility		√	√	√	√
Cutting			✓	✓	✓
Plyometrics			✓	✓	√
Return to sport specifics			√	√	√

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