



## Orthopaedic Surgery and Sports Medicine

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### PAO REHAB GUIDELINES

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These guidelines should be tailored to individual patients based on their rehab goals, age, precautions, quality of repair, etc. Progression should be based on patient progress and approval by the referring physician. **NO LIMPING!!!** Crutches will be used until normal gait achieved.

We do not need to push aggressive initial therapy after the osteotomy. Formal outpatient therapy will not begin until week 4.

#### **PHASE 1**

**(Week 4)**

##### **GENERAL GUIDELINES AND PRECAUTIONS**

- Avoid stressing the capsular repair with passive extension and ER in prone
- No active or weighted anterior straight leg raise
- ROM: Flexion 90°, Extension 0°, Abduction 30°, IR at 90° of Hip Flexion 0°, IR in prone to comfort, ER at 90° Hip Flexion 20°, ER in prone position 0° (ER at 45° Hip Flexion 0-15° as tolerated by pain)
- **Weight Bearing: WBAT with crutch assist. This will last until osteotomy is healing (wks 6-8) and a normal gait is achieved.**
- No driving for 4-6 weeks. No driving while on narcotic pain medication
- No soaking or bathing for 3 weeks or until incisions have healed. May shower with water-proof covering over sutures (Tegaderm/OpSite).
- Ice and elevation used in combination with medication for control of pain and swelling
- Return to work as determined by MD/PT dependent on work demands

##### **GOALS**

- Diminish pain
- Protect the repaired tissues and bone
- Prevent muscle inhibition
- Prevent anterior hip contractures

##### **EXERCISES**

- Weeks 1 and 2: Quad Sets, Glute Sets, TA isometrics with Diaphragmatic Breathing, Prone Lying, Prone Knee Flexion (Pillow under waist), Passive Circumduction and Passive Log Roll (caregiver assist), Short Crank Bike (No recumbent), Soft tissue Mobilization, Low Grade Joint Mobilization, PROM within restricted ROM without pain
- Weeks 3 and 4: Quad Rocking, Hooklying Pelvic Clock, Hooklying with Bent Knee Fall Outs, Hooklying Abduction/Adduction isometrics, Supine Heel Slide, Low Grade Joint Mobilization
- After 3 weeks, pain free ROM as tolerated
- Soft tissue mobilization as needed
- Aquatic Therapy to begin at week 3 or when incisions have healed

#### **CRITERIA TO PROGRESS TO PHASE 2**

- Prior to the patients' progression to phase II, full, non-painful weight bearing must be achieved

## **PHASE 2**

**(Weeks 5-8)**

#### **GENERAL GUIDELINES AND PRECAUTIONS**

- Avoid aggressive mobilization/stretching of the anterior hip
- Avoid pain with passive and active ROM progression

#### **GOALS**

- Continued protection of the repaired tissue
- Restoration of full hip ROM
- Restore Normal gait patterns
- Strengthening of the hip, pelvis, and both lower extremities with emphasis on the gluteus medius

#### **EXERCISES**

- Strengthening activities evolve from mat exercises to partial weight bearing to full weight bearing positions. Exercises including bridging, bridging with marching, supine and side lying clams, and half kneeling stability work precede leg press, double- followed by single-leg squats, and step-ups/downs. Patients progress to tri-planar stepping, and balance progression beginning with double- followed by single-leg stance activities
- Continue joint and soft tissue mobilization if/as needed
- May start bike with light resistance at 5 weeks (No pedal straps or clips. No recumbent bikes)
- May begin elliptical at week 8 if pain free, with no resistance

#### **CRITERIA TO PROGRESS TO PHASE 3**

- Full and pain-free hip active range of motion (AROM) in all planes
- Pain-free normalized gait
- Hip flexor strength of 4- (of 5) on manual muscle testing
- Hip abduction, adduction, extension, and IR/ER strength of 4 (of 5) on manual muscle testing

## **PHASE 3**

**(Weeks 9-12)**

### **GENERAL GUIDELINES AND PRECAUTIONS**

- Avoid contact activities
- Avoid aggressive hip flexor strengthening
- Aggressive stretching that elicits pain

### **GOALS**

- Restoration of hip flexor muscle strength to 4/5
- Restoration of hip flexor muscle strength of 4+ (of 5) for all other hip motions
- Improving balance, proprioception, and cardiovascular endurance

### **EXERCISES**

- Quadruped Bird Dog, Multiplane Lunges, Lateral Tubing Walks, Retro Tubing Walks, Monster Walks, SL squat on unstable surface, Front/Side Plank Progression, Advanced SL Stability Training
- Soft tissue and end range mobilization if/as needed

## **PHASE 4**

**(>12 Weeks)**

### **GENERAL GUIDELINES AND PRECAUTIONS**

- Begin functional progression
- Restrict hopping and cutting drills until 16 weeks

### **GOALS**

- Pain free unrestricted return to play

### **EXERCISES**

- Begin return to run progression
- Unrestricted weight training program/lifting program
- Agility Training/Ladder Drills
- Plyometric Training, Box Jumps, Bounding

### **CRITERIA FOR RETURN TO WORK/SPORT**

- Full ROM to all planes
- Full strength (5/5) or 90% of contralateral limb measured with handheld dynamometer
- Cardiovascular endurance consistent with sport and/or work demands
- Y-balance test within 4 to 6cm limb-to-limb comparison
- Single hop for distance, triple hop for distance, and triple crossover hop for distance with at least 90% limb symmetry