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ORTHOPAEDIC SURGERY  
FRACTURES  
JOINT REPLACEMENT  
SPORTS MEDICINE

## **ACETABULOPLASTY PROTOCOL**

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be released from the hospital the same day as surgery
- Surgical dressing should be removed 2 days post op in physical therapy
- Patient will be weight bearing as tolerated, using crutches to promote normal gait pattern. Crutches may be discontinued at 5 to 7 days, if gait is approaching a normal pattern.
- Always use pharmacologic prophylaxis to combat heterotopic ossification (unless contraindicated). You must initiate and maintain this immediately post-op.
- Begin outpatient physical therapy 2-3 days post op.
- Patient may shower at 3 days post op, but soaking in a tub should be avoided until scope wounds are healed and swelling is controlled, as determined by the physician.
- Stationary cycling may begin 3-7 days post op as symptoms allow. Seat should be elevated to a comfortable level to avoid forced hip flexion. Focus on low resistance and a smooth range of motion without substitution.
- Strict impact precautions are unnecessary; however functional progression of activities may need to be delayed for 12 weeks to minimize exacerbation of symptoms. After 12 weeks, functional progression will be determined by patient's tolerance to the exercises and general activity.

## **PHASE 1: INITIAL PHASE**

### Week 1

- Ankle pumps
- Glut, quad, hamstring, adductor isometrics
- Heel slides or active assisted range of motion
- Log rolling
- Pelvic tilts, trunk rotation, modified dead bug
- Double leg bridges
- Seated calf raises
- Seated knee extension
- Prone on elbows and prone knee flexion
- Standing abduction, adduction, extension, and flexion without resistance
- Standard stationary bike without resistance at 3 days post-op
- UBE and upper body strengthening
- Pain dominant hip mobilizations – grades I,II

### Week 2

Continue with previous exercises, but may add:

- Abduction isometrics
- Weight shifts – standing, sitting supported, anterior/posterior, laterals, physioball
- Partial squats → wall mini squats → physioball mini squats with co-contraction
- Calf raises
- Hip flexion, IR, ER in a pain free range
- Theraband resistance (start very low resistance) – abduction, adduction, flexion, extension
- Ankle PNF
- Superman
- Aquatic exercises: water walking, ROM, march steps, lateral steps, backward walking, mini squats, calf raises, hamstring and hip flexor stretches

### Week 3

Continue with previous exercises, but may add:

- Stationary bike with resistance
- Active range of motion with gradual end range stretch within tolerance
- Stiffness dominant hip mobilization – grades III,IV
- Single leg bridges
- Clamshells
- 3 way leg raises: abduction, adduction, extension
- Single leg press with band
- Ankle resistance with dead bug
- Quadruped 4 point support → 3 point support → 2 point support

- Seated physioball active hip and knee motions
- Forward and lateral walking over cones and hurdles (pause on affected limb). May add ball toss while walking

**Patient may progress to phase 2 when they have achieved the following: minimal pain with phase 1 exercises, minimal range of motion limitations, normalized gait without crutches**

## **PHASE 2: INTERMEDIATE PHASE**

Weeks 4-5

Continue with previous or modified versions of previous exercises, but may add:

- Elliptical machine
- Crunches
- BOSU squats
- Standing theraband/pulley or multi-hip in flexion, abduction, adduction, and extension
- Single leg balance
- Clamshells with resistance
- Sidestepping, forward walking, and backward walking with sport cord resistance (pause on affected limb)
- Aquatic exercises: flutter kick, swimming, 4 way hip with water weights, step ups

Week 6

Continue with previous or modified versions of previous exercises, but may add:

- Single leg balance with external perturbation (may include sport specific exercise)
- Leg press
- Physioball exercises: hip lift, curls, balance, knee flexed hip lift, superman
- Knee extensions
- Hamstring curls
- Manual/theraband PNF

**Patient may progress to phase 3 when they have achieved the following: minimal pain with phase 2 exercises and single leg stance with level pelvis.**

## **PHASE 3: ADVANCED PHASE**

Weeks 7-8

Continue with previous or modified versions of previous exercises, but may add:

- Full squats
- Single stability ball bridges
- Step-ups with eccentric lowering
- Lunges, progress from single plane → tri planar → add medicine balls for resistance and rotation

- Theraband walking patterns (approx. 25 yds): forward, sidestepping, carioca, monster steps, backward, ½ circles forward and backward. Start with band at knee height and progress to ankle height.
- Side steps over cones or hurdles with ball toss or sport cord resistance and increased speed
- Single leg body weight squats

**Patient may progress to phase 4 when they have achieved the following: single leg mini squat with level pelvis, cardiovascular fitness equal to pre-injury level, demonstration of initial agility drills with proper body mechanics.**

## **PHASE 4: SPORTS SPECIFIC TRAINING REHAB BASED CLINIC PROGRESSION**

Weeks 9-11

Continue with previous or modified versions of previous exercises, but may add:

- Single leg pick ups
- Step drills, quick feet step ups forward and lateral, carioca
- Plyometrics, double leg and single leg shuttle jumps
- Theraband walking patterns 1 rep of 6 exercises at 50 yds.
- Aquatic running
- Treadmill jogging

Week 12+

Continue with previous or modified versions of previous exercises, but may add:

- Running progression
- Sport specific drills
- Traditional weight training

**Criteria for full return to sport:**

- **Full range of motion**
- **Hip strength equal to uninvolved side; single leg pick-up with level pelvis**
- **Ability to perform sport-specific drills at full speed without pain**
- **Completion of functional sports test**