

Chicago Orthopaedics & SPORTS MEDICINE, S.C.

VASILI KARAS MD, MD
HIP AND KNEE REPLACEMENT
AND RECONSTRUCTION

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Patient Name SAMPLE Surgical Date SAMPLE

Diagnosis LEFT / RIGHT Hip DJD Procedure Rapid Recovery Hip Replacement - LEFT / RIGHT THA

This is an outpatient physical therapy prescription and letter of medical necessity for persons who have undergone rapid recovery hip surgery.

Please Perform the Following:

Evaluation and Treat X only as follows Strengthening X Stretching X Modalities X Other X

Frequency/Duration 3 times a week for 6 weeks

- Functional Guidelines for Physical Therapy
 - Weight bearing status: Weight bearing as Tolerated unless otherwise specified
 - Precautions:
 - Anterior hip replacements: Anterior hip precautions (No Extension or external rotation)
 - Posterior hip replacements: Posterior hip precautions (No internal rotation, no hip flexion past 90 degrees, do not cross legs.
 - Both: Sleep on operative hip with pillow in between knees or on back
 - Gait: Progression from the use of an assistive device to unassisted ambulation is encouraged immediately post-operatively. Progression is per physical therapist discretion with the primary goal of avoiding gait deviations.
- Specifics of exercise:
 - No straight leg raises during therapy. This irritates the iliopsoas muscle and applies undue stress to the articulation.
 - IT band and Rectus stretching program encouraged.
 - Active abduction of surgical hip encouraged
 - No pool therapy until 6 weeks post-operatively

In making this referral, the physician certifies that the prescribed rehabilitation is a medical necessity.