

PAO AND DFO PRE SURGERY CHECKLIST & INFORMATION:

PRE HIP SCOPE & PAO PROCEDURE

- Two weeks prior to PAO or DFO (one week prior to Hip Scope) - Be sure to discontinue all blood thinners, NSAIDS (Advil, Ibuprofen, Motrin, Aleve, Naproxen, etc.).
- Five weeks prior to PAO or DFO procedure (four week prior to Hip Scope), discontinue oral contraceptives.
- Physical Therapy will begin at 3-6 weeks post PAO or DFO, preferably with a PT who knows our protocol and/or is familiar with hip and pelvis procedures. If scheduling PT with one of our preferred PTs, formal therapy may begin at week 3-post operation. If scheduling with another PT, please begin therapy at week 6-post operation, and after the 6-week x-rays have been obtained. Initially set appointments as 1-2 x week for 2-3 weeks. Once you've decided on a facility, please provide the facility name and fax number; a PT prescription will be faxed.
- **Obtain an UPRIGHT stationary bike for use following the hip arthroscopy.** Following the hip scope, the bike is the best tool for managing muscle spasms, performing range of motion, and resorption and flushing of the fluid placed in the joint during the surgical procedure. The bike will then be used at approximately week 6 post PAO or DFO for rehabilitation. If you have an outdoor bike, you may also use a bike trainer.
- If you need any administrative paperwork/letter completed for work/school/travel, please email: cuhip-preservation@cuanschutz.edu
- Schedule the two week and six-week post op appointment.
- Standard crutches may be found and purchased at most King Soopers, CVS or Walgreens. However, consider purchasing ergonomic crutches such as Mobilegs, Millennial Crutch, or Ergo Baum. They may be found at Amazon.com.
- Other durable medical goods or personal items to consider: toilet seat riser, shower stool/chair, grabber, walker, wheelchair.

POST HIP SCOPE & PRE PAO or DFO

- Begin riding the stationary bike the evening or the following morning of surgery. Begin with 5 minutes sessions, 2-x daily with no resistance. Progress by 1-2 minutes each session, each day.
- Discontinue Naproxen use two days prior to PAO or DFO. You will resume Naproxen immediately following the osteotomy procedure.
- Foot or thigh numbness and tingling is not uncommon after hip arthroscopy

POST PAO - IN THE HOSPITAL

- Epidural may or may not be utilized. If an epidural is used, it may be in place for 2-5 days.
- Physical Therapy and Occupational Therapy may begin post op day 1-2, with gentle therapy to include sitting on the edge of the bed, transfers to recliner chair, help with sponge bath, etc.
- You will remain in the hospital for 3-5 nights following procedure.
- Bring Crutches, Personal Items (books, computer, PJs, toiletries, etc.) to Surgery
- An SCD (Sequential Compression Device) will be issued on the day of the osteotomy procedure. The SCD is a compressive device you will wear on both lower legs for three weeks to reduce the risk of a deep vein thrombosis (blood clot). Alert the hip preservation team if you have any family history of a blood clotting disorder.
- Patient will be non-weight bearing following surgery for 2 weeks. The findings and specific procedures performed, during the hip arthroscopy i.e.: micro fracture for cartilage defect, will primarily dictate weight-bearing status. Weight bearing status is updated at each post op visit.
- Patients may have genitalia swelling for up to two weeks. This fluid & bleeding will resorb. Unless there are pain or urinary symptoms, this is a normal post op occurrence and is not concerning.

HOME: after PAO or DFO - the INITIAL SIX-WEEK FOCUS:

- NO Stationary bike use until week 6, due to pelvic bony resection location.
- Blood Clot Prevention
 - Patient goes home with a Baby Aspirin prescription. Begin aspirin 81 mg daily once the epidural is removed and continue for ~4 weeks. If no epidural is utilized, aspirin prescription will begin immediately.
- Use the Sequential Compression Device (SCD) for 24/7 for 2 weeks. At three weeks, wear the SCD at nighttime only. Discontinue use at the end of three 3 weeks.
- Fall Prevention- be aware of fall risks ie: throw rugs, tripping over pets/toys, wearing socks on slick floors

- Eat Well, Sleep Well, Drink Well
- Pain Management
- GI discomfort, constipation, may occur so be prepared with Milk of Magnesia, Colace, stool softener, Ginger Ale, soft foods, fiber.
- No Driving for 4 weeks after surgery
- If you need any administrative paperwork/letter completed for work/school/travel, please email: cuhip-preservation@cuanschutz.edu
- Schedule post op visits by calling the Boulder office at 303-315-9900 (2 wk, 6 wk, 12 wk, 6 mo., 1 yr.)
- A temporary handicap placard application will be provided with the discharge paperwork.

HIP & PELVIS PHYSICAL THERAPISTS:

- **UCHealth Anschutz Outpatient Pavilion**, 1635 Aurora Court, Aurora, CO: 720-848-1900
 - Kelly Albers, PT
- **UCHealth Boulder Physical Therapy**, 5495 Arapahoe Ave, Boulder, CO: 720-848-2000
 - Christine Kittles, PT
- **UCHealth Colorado Center**, 2000 S. Colorado Blvd, Tower One, Denver, CO: 720-848-8200
 - Gary Harkness, PT
 - Maria Borg, PT
 - Lindsay Krause, PT
- **UCHealth Central Park**, 3055 Roslyn St, Denver, Co: 720-848-9010
 - Christine Kittles, Pt
 - Keith, PT
- **CUSM & PC**, 2150 Stadium Drive, 2nd FL, Boulder, CO: 303-315-9900
 - Natalie Markland, DPT, AT
 - Kate Martin, DPT
 - Ellie Smith, DPT
 - Erica Meyer, MSPT
 - Mike Boykin, DPT
- **Next Level Physical Therapy PC**, 251 Violet St. Unit #150, Golden, CO 80401: 303-279-6000
 - Joe Bryant DPT, PT OCS
- **UCHealth Steadman Hawkins**, 175 Inverness Dr. W. Englewood, Co.: 303-694-3333
 - Beth Parks, MSPT
 - Jenna Walton, DPT
- **Colorado Institute of Sports Medicine**
 - 1625 Medical Center Pointe, Colorado Springs, 80907
- **Sports Rehabilitation Consulting**, 3090 Fox St, Denver, 80216, 855-437-6444
 - Lindsay Donath, DPT, AT – donath@sportsrehabconsulting.com
- **KDP Physical Therapy**, 2690 E. County Line Rd, Highlands Ranch, 80126, 303-809-1762
 - Kristin Passaglia, DPT, kp@kdpphysicaltherapy.com