




Navigating Your Protocol

1. Be Mindful of Precautions at Every Phase


Each phase of recovery comes with its own set of **precautions**—these are in place to protect the surgical site and prevent complications. Stay vigilant about these guidelines to ensure the patient's safety and avoid compromising the surgery.

 **Pro Tip:** Always be aware of what the MD who performed the surgery advises. Depending on the complexities this may not reflect what this protocol states

2. Follow the Criteria to Pass—Then Progress


The **criteria to pass** are the priorities for each phase of recovery. These are listed in order of importance and should align with the suggested exercises for that phase. For example:

- If **range of motion (ROM)** is the number one priority for that phase, focus your programming on ROM-specific exercises.
- Once a goal is achieved (e.g., ROM), shift focus to the next priority on the list while still maintaining exercises for previously achieved criteria.

 **Reminder:** Don't jump to new exercises just yet—progress the current movement first, unless the patient's condition suggests otherwise.


3. Use Suggested Exercises for Consistent Progression

Each phase comes with **subcategories of exercises** designed to help patients progress at the right pace. Use these exercises in your sessions to ensure that patients are progressing safely and effectively.

 **Tip:** Focus on quality rather than quantity. Gradually intensify the exercises that are already working for your patient. This keeps the patient focused and allows them to build mastery.


5. HEP (Home Exercise Program) Tip: Keep It Simple

When prescribing **HEP**, choose **2-3 key exercises** that directly contribute to achieving the most important criteria for that phase. Avoid overwhelming your patient with too many exercises; instead, give them the opportunity for **high-volume, blocked practice**.

 **HEP Pro Tip:** Focus on quality repetitions of 2-3 exercises rather than giving patients too many movements to juggle.

6. Track Progress, Don't Just Focus on the End Goal

Remember that progress doesn't always mean a perfect outcome right away. Use your clinical judgment to modify the program based on what's working and what isn't. Flexibility is key in post-op recovery.

 **Tip:** Keep track of progress for each criterion, not just the big milestones. Small wins add up over time!

 **Bonus:** There is a helpful progress tracker template included in your original email!

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Strength Testing Calculations

In the later phases of the protocol you will find criteria to pass that includes strength testing in which you need to calculate the amount of load for your patient. Follow these instructions to determine the load required.

1. Go to the website: www.StrengthLevel.com
2. Click on the “standards” tab at the top of the homepage
3. Select the type of exercise you are needing to assess by typing in the search bar (**e.g., Goblet Squat, Dumbbell Romanian Deadlift, Arnold Press**)
4. Choose the appropriate gender to get norms
5. Obtain the patient’s **bodyweight** and round the the nearest multiple of 10
6. Locate the skill level column that you are assessing based on the protocol (**beginner, novice, or intermediate**)
7. Locate the **1RM amount** using the patient’s bodyweight and skill level
8. Take a percentage of that 1RM weight (**70% or 80%**) based on the protocol
9. Remember for DB exercises the weights you calculate are for 1 DB.

Example:

Let’s say the patient weighs 150 lbs:

- Go to **Goblet Squat** for a **female** (choose the right gender on the site)
- Find the bodyweight category for **150lb**
- We are looking at the “Intermediate” skill level for this particular phase, so we find that the **1RM weight is 60lb**
- We want our patient to perform 8 reps at 80% of the 1RM. For an **80%** load, multiply **60lb x 0.8 = 48lb**

Our patient will perform **8 reps of the goblet squat with a 50lb KB** (since we don’t have a 48lb KB) in order to pass the strength criteria