

Hip Arthroscopy - Rehabilitation Protocol

-Perform PROM in patient's PAIN FREE Range

FLEXION	EXTENSION	EXTERNAL	INTERNAL	ABDUCTION
		ROTATION	ROTATION	
Limited to:	Limited to:	Limited to:	Limited to:	Limited to:
90 degrees x 2	0 degrees x 3	*30 degrees @ 90	*20 degrees @ 90	30 degrees x 2
weeks (may go	weeks	degrees of hip	degrees of hip	weeks
higher in the CPM)		flexion x 3 weeks	flexion x 3 weeks	
		*20 degrees in	*No limitation in	
		prone x 3 weeks	prone	

Weight Bearing Restrictions:	Gait Progression:	
20# FOOT FLAT Weight Bearing		Begin to D/C crutches at 3 weeks (6 wks if Microfracture is
-for 3 weeks (non-Micro-fracture)		performed).
-for 6 weeks (with Microfracture)		Patient may be fully off crutches and brace once gait is
		PAIN FREE and NON-COMPENSATORY

PATIENT PRECAUTIONS:

-NO Active lifting of the surgical leg (use a family member/caretaker for assistance/utilization of the non-operative leg) for approximately 4 weeks

-NO sitting greater than 30 minutes at a time for the first 3 weeks

-DO NOT push through pain

POST-OP DAY 1/INITIAL PHYSICAL THERAPY VISIT:

Check List:

Activity/Instruction	Frequency	Complete
Instructed in ambulation and stairs with crutches and 20# FFWB		
Upright Stationary bike no resistance	20 minutes daily	
CPM usage	4 hours/day (decrease to 3 hours if stationary bike used for 20')	
Instruction on brace application/usage		
PROM (circumduction, abduction, log rolls) instructed to the family/caregiver *maintain restrictions for 3 weeks	20 minutes; 2 times each day	
Prone lying	2-3 hours/day	
Isometrics (quad sets, glut sets, TA activation)	Hold each 5 seconds, 20 times each, 2x/day	







PHASE 1

Goal: Protect the Joint and Avoid Irritation

PT Pointers:

-Goal is symmetric ROM by 6-8 weeks

-NO Active open chain hip flexor activation

-Emphasize Proximal Control

-Manual Therapy to be provided 20-30 minutes/P T session

Date of surgery:	Week	1	2	3	4	5	6
Stationary bike (20 min, Increase time at week 3 as patient tolerates)	Daily	х	х	х	х	х	х
Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament)	Daily (20-30 minutes each session)	x	x	x	x	х	х
Isometrics -quad, glutes, TA	daily	x	х				
Diaphragmatic breathing	daily	х	х				
Quadriped -rocking, pelvic tilts, arm lifts	daily	х	х	х			
Anterior capsule stretches: surgical leg off table/Figure 4	daily	x	х	х	х	х	х
Clams/reverse clams	daily	х	х	х			
TA activation with bent knee fall outs	daily	х	х	х			
Bridging progression	5x/week		х	х	х	х	х
Prone hip ER/IR, hamstring curls	5x/week		х	х	х	х	х

PHASE 2

Goal: Non-Compensatory Gait and Progression

PT Pointers:

-Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns -Provide tactile and verbal cueing to enable non-compensatory gait patterning

-Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises

-If microfracture was performed, Hold all weight bearing exercises until week 6

Date of Surgery:	Week	3	4	5	6	7	8	9	1
									0
Progress off crutches starting week 3		х							
Continuation of soft tissue mobilization to treat specific restrictions	2x/week	х	х	х	х	х	х	х	х
Joint Mobilizations posterior/inferior glides	2x/week				х	х	х	х	х
Joint Mobilizations anterior glides	2x/week					х	х	х	х
Prone hip extension	5x/week	х	х	х					
Tall kneeling and ½ kneeling w/ core and shoulder girdle	5x/week	х	х	х	х				
strengthening									
Standing weight shifts: side/side and anterior/posterior	5x/week	х	х	х					
Backward and lateral walking no resistance	5x/week	х	х						
Standing double leg 1/3 knee bends	5x/week		х	х	х				
Advance double leg squat	5x/week				х	х	х	х	х
Forward step ups	5x/week				х	х	х	х	х
Modified planks and modified side planks	5x/week				х	х	х	х	х
Elliptical (begin 3 min, ↑ as tolerated)	3x/week				х	х	х	х	х









Phase 3

Goal: Return the Patient to Their Pre-Injury Level

PT Pointers:

-Focus on more FUNCTIONAL exercises in all planes

-Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises

-More individualized, if the patients demand is higher than the rehab will be longer

Date of surgery	Week	8	9	1	1	1	1
				0	1	2	6
Continue soft tissue and joint mobilizations PRN	2x/week	х	х	х	х	х	
Lunges forward, lateral, split squats	3x/week	х	х	х	х	х	х
Side steps and retro walks w/ resistance (begin w/ resistance more proximal)	3x/week	х	х	x	х	х	х
Single leg balance activities: balance, squat, trunk rotation	3x/week	х	х	х	х	х	х
Planks and side planks (advance as tolerated)	3x/week	х	х	х	х	х	х
Single leg bridges (advance hold duration)	3x/week	х	х	х	х	х	х
Slide board exercises	3x/week			х	х	х	х
Agility drills (if pain free)	3x/week			х	х	х	х
Hip rotational activities (if pain free)	3x/week			х	х	х	х

Phase 4

Goal: Return to Sport

PT Pointers:

-It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery

-Perform a running analysis prior to running/cutting/agility

-Assess functional strength and obtain proximal control prior to advancement of phase 4

Date of surgery	Week	16	20	24	28	32
Running		In Alter G	Х	х	х	х
Agility			х	х	х	х
Cutting				х	х	х
Plyometrics				х	х	x
Return to sport specifics				х	х	х

