



# Hip Arthroscopy

## Post-Operative Rehabilitation Protocol

Initial PROM Restrictions Post-op Week 0-3				
FLEXION	EXTENSION	EXTERNAL ROTATION	INTERNAL ROTATION	ABDUCTION
Limited to: 90° x 2 weeks (may go higher in the CPM)	Limited to: 0° x 3 weeks	Limited to: 30° at 90° of hip flexion x 3 weeks 20° in prone x 3 weeks	Limited to: 20° at 90° of hip flexion x 3 weeks  *No limitations in prone	Limited to: 30° x 2 weeks

### 0-1 week

- WB Status
  - NWB for 2 weeks with brace and crutches
  - \*If micro-fracture/core decompression, or subchondroplasty NWB for 6 weeks
- Provide instructions for ambulation and stairs with crutches
- Suggested Therapeutic Exercises
  - Upright stationary bike with no resistance
    - 20 minutes daily
  - CPM usage 4 hours/day
    - Can decrease to 3 hours if stationary bike is used
  - Post-op brace instructions: on at all times with ambulation
    - Can use brace or abduction pillow for sleep x 2 weeks
  - Begin PROM (circumduction, abduction, log rolls)
    - 20 minutes for 2 times per day
    - Provide instructions to family member/caregiver
    - Maintain provide PROM restriction x 3 weeks
  - Prone lying: 2-3 hours per day
  - Isometrics (quad sets, glut sets, TA activation)
    - Hold each 5 seconds, 20x each for 2 times per day

### 1-3 weeks

- Goal: Protect the joint and avoid irritation
- PT Pointers:
  - Goal is symmetric ROM by 6-8 weeks
  - NO active open chain hip flexor activation

### Weight Bearing Status

NWB x 2 weeks\*

### Brace Settings

Locked 0-90° when ambulating or sleeping. Patient may sleep in abduction pillow or brace.



- Emphasize proximal control
- Manual therapy should be provided 20-30 min/session
- Suggested Therapeutic Exercises
  - Continue stationary bike
    - 20 min, can increase time at week 3 as tolerated
  - Soft tissue mobilization: 20-30 min each session
    - Specific focus on adductors, TFL, QL, and inguinal ligament
  - Isometrics: quads, glutes, TA (week 1-2)
  - Diaphragmatic breathing (week 1-2)
  - Quadriped: rocking, pelvic tilts, arm lifts
  - Anterior capsule stretches: surgical leg off table/figure 4
  - Clams/reverse clams (week 1-3)
  - TA activation with bent knee fall outs (week 1-3)
  - Bridging progression: 5x/week (week 2-6)
  - Prone hip ER/IR, hamstring curls: 5x/week (week 2-6)
- WB Status:
  - Begin WBAT progression starting at 2 weeks\*: advance TTWB to PWB (25% then 50%) then continue to progress until full WBAT under PT guidance
  - Progress off crutches beginning at 3 weeks
  - Can discontinue brace at the same time crutches are discontinued
  - \*If micro-fracture/core decompression, or subchondroplasty WBAT progression does not begin until 6 weeks post-op

### 3-8 weeks

- 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/core decompression, or subchondroplasty was performed hold all weightbearing exercises until week 6
- WB Status
  - Continue WBAT progression
  - Progress off crutches beginning at 3 weeks
  - Can discontinue brace at the same time crutches are discontinued
  - \*If micro-fracture/core decompression, or subchondroplasty WBAT progression does not begin until 6 weeks post-op
- Suggested Therapeutic Exercises
  - Continue stationary bike



- 20 minutes, can increase time at week 3 as tolerated
- Continue soft tissue mobilization: 20-30 min each session
  - Targeting specific restrictions
- Continue anterior capsule stretches: surgical leg off table/figure 4
- Continue bridging progression, prone hip ER/IR, hamstring curls until 6 weeks post-op
- Begin prone hip extension: 5x/week (week 3-5)
- Perform tall kneeling and ½ kneeling with core and shoulder girdle strengthening: 5x/week (week 3-6)
- Standing weight shifts: side/side and anterior/posterior: 5x/week (week 3-5)
- Backward and lateral walking no resistance: 5x/week (week 3-4)
- Standing double leg 1/3 knee bends: 5x/week (week 4-6)
- Advance double leg squat 5x/week (week 6-10)
- Forward step ups: 5x/week (week 6-10)
- Modified planks and modified side planks: 5x/week (week 6-10)
- Elliptical: may begin with 3 min at 6 weeks, increase as tolerated
- Joint Mobilizations:
  - Posterior/inferior glides 2x/week (week 6-10)
  - Anterior glides 2x/week (week 7-10)

## 8-16 weeks

- 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, at the patient's demand is higher than rehab will be longer
- Suggested Therapeutic Exercises
  - Continue soft tissue and joint mobilizations as needed
  - Lunges forward, lateral, split squats: 3x/week
  - Side steps and retro walks with resistance (begin with resistance more proximal): 3x/week
  - Single-leg balance activities-balance, squat, trunk rotation: 3x/week
  - Planks and side planks (advance as tolerated)
  - Single-leg bridges (advance whole duration)
  - Slide board exercises: 3x/week
  - Agility drills (if pain-free): 3x/week
  - Hip rotational activities (if pain-free): 3x/week
- Plyo Prep Screen prior to initiating running and/or jumping. Schedule via QR code or email [spc@rushortho.com](mailto:spc@rushortho.com)





## 16-32+ weeks



- Goal: Return to sport
- PT pointers:
  - It typically takes 4-6 months to return to sport, possibly 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
- Suggested Therapeutic Exercises
  - Running progression, begin on Alter G at week 16 progress as tolerated
  - Agility exercises beginning week 20
  - Multidirectional/cutting activities beginning week 24
  - Plyometrics beginning week 24
  - Return to sport specific exercises beginning week 24
- Lower Body Assessment when initiating return to sport progression. Schedule via QR code email or [spc@rushortho.com](mailto:spc@rushortho.com)



Exercise	Week															
	1	2	3	4	5	6	7	8	9	10	12	16	20	24		
<b>Initial Exercises:</b>																
Soft Tissue Mobilization																
Isometrics (quad, glutes, TA)																
Diaphragmatic Breathing																
Quadriped																
Anterior capsule stretches																
Clams/reverse clams																
TA activation with bent knee fall outs																
Bridging progression																
Prone hip ER/IR, hamstring curls																
Crutch Weaning*																
<b>Weight-bearing Strength Exercises:</b>																
Tall Kneeling and ½ kneeling																
Standing weight shifts																
Backward and lateral walking																
Standing double leg 1/3 knee bends																
Double leg squats																
Forward step ups																
Lunges forward, lateral, split squats																
Side steps and retro walks with resistance																
Single leg balance activities																
Single leg bridges																
Slide board exercises																
Sports Test Exercises																
<b>Cardiovascular Exercises:</b>																
Bike with both legs-no resistance																
Bike with both legs-resistance																
Aquajogging																
Treadmill-walking 7% incline																
Swimming with fins-light flutter kick																
Elliptical Trainer																
Rowing																
Stair stepper																
<b>Agility Exercises:</b>																
Running Progression																
Initial-Single Plane																
Advance-Multi Directional																
Functional Sports Test																



High Level Activities:	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Golf Progression														
Outdoor biking, hiking, running														
Return to Full Sport at <b>6 months</b> post-op														