



FOX VALLEY ORTHOPEDICS

Hip Arthroscopy

The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/PTA/ATC should use appropriate clinical decision making skills when progressing a patient forward.

Phase 1- Immediate Rehabilitation (1-3 weeks):

Goals:

- Protection of the repaired tissue
- Prevent muscular inhibition and gait abnormalities
- Diminish pain and inflammation

Precautions:

Up to 50lb. flat-foot weight-bearing post-op for 2 weeks, unless noted under specific procedure modifications

Do not push through pain or pinching, gentle stretching will gain more ROM

Gentle PROM only, **no passive stretching**

Avoid Capsular Mobilizations

Avoid any isolated contraction of iliopsoas

Initial Exercises

AAROM: within range limitations, pain free.

ROM Guidelines (pain free)

Flexion: 90°

Ext: 0°

Abd: 25-30°

IR: 90 deg. hip flexion: 0 deg; neutral (prone): within comfort zone

ER: 90 deg. hip flexion: 30 deg; neutral (prone): 20 deg

*After 3 weeks, gradually progress ROM as tolerated, within pain-free zone

- STM (scar; ant, lat, med and post aspects of hip; lumbar paraspinals, quad/hamstring)
- Stationary bike with no resistance
- Isometric (quad setting, gluteal setting, TA isometrics with diaphragmatic breathing)
- Prone lying (modify if having low back pain)
- Week 3: Start isometrics and emphasize gait training

Phase 2 – Transitional Phase of Rehabilitation (4-6 weeks)

Criteria for progression to Phase 2:

Full Weight Bearing Must Be Achieved Prior To Progressing To Phase 2

Non weight bearing exercise progression may be allowed if patient is not progressed by MD to full weight bearing

Goals:

- Protection of the repaired tissue
- Restore Full Hip ROM – (ROM must come before strengthening)
- Restore Normal Gait Pattern
- Initiate Strengthening of Hip, Pelvis, and LE's
- Emphasize gluteus medius strengthening (non-weight bearing)

Precautions:

- No forced (aggressive) stretching of any muscles
- No joint/capsular mobilizations – to avoid stress on repaired tissue
- Avoid inflammation of hip flexor, adductor, abductor, or piriformis

Intermediate Exercises

- Gentle strengthening; ROM must come before strengthening
- Stationary bike no resistance, add resistance at 5-6 weeks
- Start strengthening progression for hip flexion, extension, abduction, and IR/ER
- Pelvic floor strengthening
- Initiate light quad and hamstring strengthening
- 1/2 kneel: gentle pelvic tilt for gentle stretch of iliopsoas
- Quadruped rocking (gentle prayer stretch) for flexion ROM
- Gait progression: weight shift side to side then weight shift forward/backward
 - Step over small obstacle with non-surgical leg (focus on hip extension on surgical leg)
- Balance progression: double leg to single leg balance

Phase 3 – Intermediate Rehabilitation (7-9 weeks)

Criteria for progression to Phase 3:

Full Weight Bearing Must Be Achieved Prior To Progressing To Phase 3

Goals:

- Full Hip ROM and Normal Gait Pattern
- Progressive Strengthening of Hip, Pelvis, and LE's
- Emphasize gluteus medius strengthening in weight bearing**

Precautions:

- No forced (aggressive) stretching of any muscles
- No joint/capsular mobilizations – to avoid stress on repaired tissue
- Avoid inflammation of hip flexor, adductor, abductor, or piriformis

Intermediate Exercises

- Continue with progression of exercises from appendix
- Crab / monster walk
- Increase intensity of quadriceps and hamstring strengthening
- Quadruped lumbar / core stabilization progression
(Pelvic tilts to arm lifts to hip extension to opposite arm/leg raise)

- Balance progression: single leg balance to compliant/uneven surface
- Elliptical / stair stepper: 6-8 weeks
- Step and squat progression
- Slide board: hip abduction / adduction, extension, IR/ER. No forced abduction. Stop short of any painful barriers.

Phase 4 – Advanced Rehabilitation (10-12 weeks)

Criteria for progression to Phase 4:

- Full ROM
- Pain free Normal gait pattern
- Hip flexor strength of 4/5
- Hip abd, add, ext, and IR/ER strength of 4+/5

Goals:

- Full Restoration of muscular strength and endurance
- Full Restoration of patient's cardiovascular endurance

Precautions:

- No contact activities
- No forced (aggressive) stretching

Exercises:

- No treadmill walking until 12 weeks
- Continue with progression of exercises from appendix
- Anterior / side plank progression
- Lunges all directions
- Single leg squat

Phase 5 – Sport Specific Training > 12 weeks

Criteria for progression to Sport Specific Training:

- Hip flexor strength 4+/5
- Hip add, abd, ext, IR/ER 5-/5
- Cardiovascular endurance equal to pre-injury level
- Demonstrates proper squat form and pelvic stability with initial agility drills.
- Stable single-leg squat.
- Return to sport activities as tolerated without pain, consistent with MD orders.

Exercises:

- Customize strengthening and flexibility program based on patient's sport and/or work activities
- Z cuts, W cuts, Cariocas
- Agility drills
- Jogging
- Gradual return to sport