



HIP ARTHROSCOPY

Labral Repair – Osteoplasty – Chondroplasty - Acetabuloplasty

Phase I – Maximum Protection (Weeks 0 to 3)

- 50% Weight Bearing x 3 weeks
- CPM 4-6 hours/day or as tolerated
- Lie on stomach 2 or more hours/day
- Bledsoe brace - 0°-90° for 3 weeks

ROM Restrictions x 3 weeks

- Flexion 0°-90° x 2 weeks progressing to 120° by week 3
- Extension 0°
- External rotation 0°
- Internal rotation- work for full range at 0° and 90°
- Abduction 0°-45°

Exercise progression POD 1-7

- Stationary bike with no resistance: Immediately as tolerated
- Glute, quadriceps, hamstring, abduction, adduction isometrics (2x/day): Immediately as tolerated
- Hip PROM (2x/day) flexion, abduction, IR supine at 90° and prone at 0°
- Hip circumduction

Exercise progression POD 8-14

- Hip IR/ER isometrics (2x/day)
- Initiate basic core: pelvic tilting, TVA and breathing re-education
- Quadruped rocking beginning POD 14

Exercise progression POD 15-21

- Standing abduction/adduction-Full Weight Bearing on uninvolved side only

Criteria for Progression to Phase 2:

Mobility within limitations

Early restoration of neuromuscular control

Normal patellar mobility

Phase II – Progressive Stretching and Early Strengthening (Weeks 3 to 6)

Goals

- Wean off crutches (over 7-10 days)
- Normal gait
- Normal single limb stance
- Full ROM
- Improve LE muscle activation, strength and endurance

Manual Therapy:

- Scar mobilization
- STM to quad, ITB, hip flexors, glutes, hip adductors/abductors/rotators
- Continue work on ROM (FABER, flexion, abduction, IR, ER)

May begin Deep water pool walking at 3 weeks if incisions closed, flutter/dolphin kick at 6 weeks

Exercise progression (as tolerated)

- Bridging double and single
- Supine dead bug series
- Core 6 program
- Side lying hip abduction
- Quadruped hip extension series
- Standing open and closed chain multi-plane hip
- Standing internal/external rotation strengthening (use stool)
- Step-up progression
- Squat progression
- Heel raises
- Stationary biking
- Stretching: quadriceps, piriformis and hamstrings

Criteria for Progression to Phase 3:

Hip abduction strength 4/5

Flexion, ER and IR ROM within normal limits

50% FABER ROM compared to uninvolved side

Normal Gait

No Trendelenberg with Single Leg Stance/descending stairs

Normal bilateral squat

Phase III – Advanced Strengthening and Endurance Training (Weeks 6 to 12)

Manual Therapy

- Continue soft tissue mobilization as needed particularly glutes, adductors, hip flexors, abductors
- Gentle joint mobilizations as needed for patients lacking ER or FABER ROM
- May begin trigger point dry needling for glutes, quads, adductors NO HIP FLEXOR TDN until Week 8.
- Assess FMA and begin to address movement dysfunctions

Exercise progression

- Continue with muscle activation series (quadruped or straight leg series)
- Introduce movement series to increase proprioception, balance, and functional flexibility
- Progress core program as appropriate
- Advanced glute and posterior chain strengthening
- Leg press and leg curl
- Squat progression (double to single leg- add load as tolerated)
- Lunge progression
- Step-up Progression
- Walking program
- Outdoor biking- week 6
- Swimming- Breast stroke kick at 8 weeks if ROM adequate
- Pool running program-week 6-at least 75% unloaded

Criteria for progression to Phase 4:
12 weeks post-op
Hip abduction and extension strength 5/5
Single Leg Squat symmetrical with uninvolved side
Full ROM
No Impingement with ROM

Phase IV – Return to Sport Program (Weeks 12-20)

*May begin elliptical and stair climber at 12 weeks
May begin return to run program if phase 4 criteria are met*

Manual Therapy

- Continue soft tissue mobilization as needed particularly glutes, adductors, hip flexors, abductors
- Gentle joint mobilizations as needed for patients lacking end range FABER ROM
- Trigger point dry needling for glutes, TFL, quads, adductors, iliopsoas, iliacus may continue to benefit patients with tightness or mild ROM restrictions

Exercise progression

- Maintain muscle activation series, trunk, hip and lower extremity strength and flexibility program
- Introduce and progress plyometric program
- Begin ladder drills and multidirectional movement
- Begin Interval running program
- Field/court sports specific drills in controlled environment
- Pass sports test
- Non-contact drills and scrimmaging – must have passed sports test- refer to specific return to sport program
- Return to full activity – per physician and passing PT sport test