Hip Arthroscopy

Labral Repair/Debridement with Femoroplasty

Precautions for weeks 1 – 4 post-op:

- Patient Education
  - For 1 week, Assist the involved LE during all transfers
  - For 2 weeks, Do not sit with hip flexion to 90 degrees for greater than 30 minutes
  - For 2 – 3 weeks, Avoid active lifting or flexion and rotation the hip
  - Lay on stomach for 2 – 3 hours/day to decrease hip tightness anteriorly (patients with LBP may modify position)
- WB Restrictions
  - For 2 weeks, FFWB- 20 lbs. (no microfracture); 6 weeks for microfracture
- Brace (if prescribed)- for 2 weeks
  - ROM set 0 – 60 degrees for ambulation
  - Wear brace for sleeping 0 – 60 degrees
- Post-op ROM- pain-free range only
  - For 2 weeks
    - Flexion limited to 90 degrees
    - Abduction limited to 30 degrees
  - For 3 weeks
    - In supine: with 90 degrees of hip flexion, IR limited to 0 degrees and ER limited to 30 degrees
    - In prone: IR to neutral, ER limited to 20 degrees, and Ext limited to 0 degrees
- Post-op Therapy Guidelines
  - Patient seen 1 – 3x/week for 12 – 16 weeks
  - Rehabilitation Key: to prevent stiffness and post-op scarring
  - Form and control are key to prevent compensatory patterns and soft tissue irritation
  - Patients may progress at different rates, please use clinical decision making to guide patient care.
  - Timeframes may be modified depending on patient's pre-op fitness level

Phase I (1 – 5 days post-op)

- Wound care: Observe for signs of infection
- Modalities: prn for pain and inflammation (ice, IFC)
- Brace: If prescribed, set 0 – 60 degrees, worn when ambulation and sleeping
- Gait: FFWB- 20 lbs.

Initiation Date: 06/25/14 Revised Date: n/a
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- ROM: PROM performed by therapist within protocol and patient tolerance
    - Bike is an excellent tool with a raised seat to decrease hip flexion
    - PROM within above listed ROM limits including:
        - Circumduction:
            - hip flex 70/knee flex 90, move thigh in small CW/CCW circular motions
            - knee ext/hip abd 20, small circles CW/CCW
        - Avoid rotation of hip into IR/ER
        - Until 3 weeks post-op, no caudal glides
        - Flexion limited to 90 degrees, avoid anterior hip pinching
        - Abduction limited to 30 degrees, neutral rotation
        - In supine: with 90 degrees of hip flexion, IR limited to 0 degrees and ER limited to 30 degrees
        - In supine: with 70 degrees of hip flexion, IR limited to 20 degrees and ER limited to 30 degrees – avoid pinching in groin or back of hip
        - In prone: with knee flex 90, IR as tolerated, ER limited to 20 degrees, and Ext limited to 0 degrees – avoid anterior hip pain
        - Prone on elbows, progressing to press-ups: slow extension of lumbar spine
    - No AROM
- Exercises:
    - Isometrics including glut sets, quad sets, TrA in supine or prone
    - Ankle AROM
    - Upright stationary bike with high seat for AROM (NO recumbent bike)

Phase II (5 days – 6 weeks post-op)

- Goals by completion of Phase II:
    - Progress ROM to 75% of uninvolved LE
    - SLR abd glut med x10 reps without compensation; MMT 4/5
    - Progress to FWB without assistive device
    - Proximal stability, proper muscles
- Precautions:
    - Avoid hip flexor tendinitis
    - Avoid anterior capsular pain and pinching with ROM. DO not push through pain for strengthening or ROM
- Wound care: Observe for signs of infection
- Modalities: prn for pain and inflammation (ice, IFC)
- Brace: Worn until 6 weeks post-op. Physician may D/C earlier. May remove brace during therapy
- Gait: At 2 weeks post-op, begin to wean from crutches
    - Avoid rapid D/C of crutches to avoid tendinitis of hip flexors

- Manual Therapy
    - STM to prevent stiffness in anterior hip
    - At 3 weeks post-op, may begin joint mobilizations
        - Only if clear deficit is present. Do not want to decrease passive stability of hip if not limited
            - Gentle oscillations grade I and II for pain
            - Caudal glide during flexion to decreased pinching during ROM
            - At 4 weeks post-op, posterior/inferior glides
            - For 6 weeks post-op, do not stress anterior capsule with joint mobilizations
- ROM: At 2 – 3 weeks post-op:
    - Gradually progress A/PROM after this time working towards goal of 75% of uninvolved LE by end of phase II. Avoid anterior hip joint pinching/pain
    - PROM may progress to include:
        - Kneeling on stool and active IR/ER initially within ROM limits
        - Quadruped rocking: hands/knees position, pelvis level, slowly rock forwards/backwards from hands to knees. Once ROM restriction is lifted, patient bay begin to rock back bringing seat to heels
        - Half kneeling pelvic tilts: kneeling on involved leg, slowly perform posterior pelvic tilt to stretch the anterior hip
- Strengthening: Gradual progress of strengthening throughout phase within pain-free motion

Supine Progressions	• Hooklying hip IR/ER maintaining level pelvis • Pelvic clock (12 – 6, 3 – 9, and diagonals) • Supine lower trunk rotations • TrA isometric with bent knee fall outs and isometrics with marching • Supine FABRE slides with TrA isometric- involved heel starts in FABRE position
Bridging Progressions	• Double leg bridge • With add isometric with pillow or ball • With abduction with theraband or pilates ring
Sidelying Progressions	• Sidelying clams with neutral spine and pelvis • Reverse clams • Add theraband for resistance or pilates ring for isometric
Prone Progressions	• Prone alternate knee flexion with TA isometrics • Prone hip mid-range IR/ER with level pelvis • Prone hip extension with knee ext/flex • Prone alternate UE/LE extension
Prone Plank Progressions	• Modified prone plank- knees bent

Quadruped Progressions	• Quadruped anterior/posterior pelvic tilts • Quadruped arm and leg raises with neutral pelvis/spine
Half Kneeling Progressions	• Kneeling on involved LE: -1/2 kneeling pelvic clocks -1/2 kneeling weight shifting – neutral spine, shift forward for gentle stretch anterior hip within hip ext limits x3 weeks
Gait Progressions	• Standing side to side weight shifting • Standing anterior/posterior weight shifting- staggered stance
Squat/Lunge Progressions	• Exercise ball wall sits with ball behind low back • Partial squat with feet shoulder width apart and slight toe-in position. Squat to 30 degrees of knee flexion • Forward, lateral, and reverse lunges- lunge towards involved side • Split squat in limited ROM
Balance Progressions	• Single leg balance with level pelvis
Slide Board Progressions	• None
Cardiovascular Program	• Stationary bike without resistance x20 min, increase duration by 5 min/week

Phase III (6 weeks – 12 weeks post-op)

- Goals by completion of Phase III
  - Symmetrical ROM
  - Strength of hip flexor 70% and other planes of motion 80% of uninvolved LE
  - Normal gait without Trendelenburg sign
- Precautions:
  - Continue to avoid soft tissue flare ups that delay progress
  - Promote normal movement patterns to avoid compensation with higher level activities
- Strengthening: Gradual progress of strengthening throughout phase within pain-free motion

Supine Progressions	• Supine progression of TrA stabilization with UE/LE ext
Bridging Progressions	• Bridge with single knee kicks and single bridge
Sidelying Progressions	• Half side plank taps- hip 0 ext, knees flex • Half side plank holds- same, hold 30 sec – 3min • Modified side plank holds- top leg ext
Prone Progressions	• Prone hip ext on exercise ball • Prone alt UE/LE on exercise ball

Prone Plank Progressions	• Full prone plank – elbows and feet • Full/half plank on BOSU
Quadruped Progressions	• Quadruped alternate arm and leg raises
Half Kneeling Progressions	• ½ kneeling upper shoulder girdle strengthening while maintaining neutral spine/hip positioning • ½ kneeling trunk rotations - clasp
Gait Progressions	• Retro-walking • Side stepping with or without band • Retro-walking with resistance
Squat/Lunge Progressions	• Double leg squats/wall slides- to 70 degrees flex • Double leg squat with weight shift • Side stepping with band • Bulgarian split squats • Split squats or lunges with rotation of trunk- bilat UE • Single leg squats -Staring at 30 degrees of knee flexion, progressing to 70 degrees of knee flexion
Balance Progressions	• Hip hiking – can add ball roll up wall with opposite LE • Single leg stand, isometric abd opposite LE press into wall • Flex to 20 degrees
Slide Board Progressions	• Unilateral Lat slides • Lateral lunges • Lateral slides • Reverse lunges
Cardiovascular Program	• At 6 weeks post-op, may begin elliptical • Until 12 weeks post-op, No treadmill ambulation

Phase IV (12+ weeks post-op)

- ROM: Symmetrical ROM
- Strengthening:
    - Gradually progress strength challenges and agility activities pain-free level only
    - Normalize LE strength with all activities without compensation or Trendelenburg sign
    - Begin low level agility activities progressing towards higher level challenges
- Plyometrics
    - Prior to initiating plyometrics patient should be able to complete a single leg press 1.5x BW

- Treadmill
    - May begin with walking on treadmill gradually progressing to running, avoiding symptom flare or tendinitis.
    - Guidelines for returning to Running
        - Complete the “10 Rep Triple”
            - 10 single leg squats without kinetic collapse
            - 10 front step downs without kinetic collapse
            - 10 sidelying abd SLR against resistance grade minimum of 4/5 all reps

Adapted From:

1) Hip Arthroscopy Rehabilitation Protocol, developed by Marc J. Philippon, M.D. at The Steadman Clinic in Vail Colorado
2) Hip Arthroscopy Rehabilitation Protocol, developed by Shane Nho, M.D., M.S. at RUSH University Medical Center in Chicago, IL