

HIP ARTHROSCOPY REHABILITATION

Note: This protocol is designed to serve as a guide. Progress will depend on the patient and his or her response to treatment.

Activity

- Patient is to be partial weight-bearing for two to four weeks postoperatively. Occasionally crutches will be used for six weeks if microfracture surgery is done.
- CPM at 0 to 60 degrees may be used four to eight hours a day for two weeks (if prescribed). The CPM may be prescribed for six weeks if microfracture performed on a chondral defect.
- Range of motion (ROM) limits for first two weeks: Flexion to 90 degrees and gentle extension. Abduction to 25 degrees. Internal range of motion as tolerated and limited external rotation.
- Treatment Modalities: massage, active release technique, E-stim PRN at week three.

Note: No active hip flexion exercises are to be performed in the postoperative rehab as these activities tend to irritate the hip and slow recovery!

Specific Exercise Progression Timeline

Phase One

Weeks 1 to 2: Ankle pumps, Isometrics of: gluts/quads/hip stabilizers.

Weeks 1 to 4: Passive ROM, Stationary bike with minimal resistance.

Weeks 2 to 3: Heel slides, Hip abd/add isometrics, uninvolved knee to chest.

Weeks 3 to 4: Leg raises in abd/add/ext, Kneeling hip flexor stretch, Leg press (limited weight).

Weeks 4 to 5: Double 1/3 knee bends, Side supports, Stationary biking with resistance.

Phase Two

Weeks 5 to 6: Prone int/ext rotation (limited resistance), Manual long axis distraction, Manual A/P mobilizations, Dyna-disc (single leg stance), Advanced bridging.

Weeks 6 to 7: Single leg cord rotation, Pilates skaters, Side stepping, Single knee bends (lateral step downs), Elliptical/Stairclimber. Water-walking, jogging, swimming with fins.

Phases Three and Four

Phases three and four are for advanced athletes to return to sport. Most patients will be done with physical therapy after phases one and two are completed; unless further therapy is needed for improving function or pain modulation.

Phase Three

Weeks 7 to 9: Lunges, Water bounding/plyometrics, Side to side lateral agility, Forward/backward running with cord, Running progression, Initial Agility Drills.

Phase Four

Weeks 9 to 25: Z-cuts, W-cuts, Cariocas, Ghiardelli's, Sports specific drills, Functional testing.

Return to Sport

Return to sport is dictated by a successful completion of physical therapy and is determined after consultation with the surgeon.