HUGHSTON CLINIC
ORTHOPAEDICS

Hip Arthroscopy Rehab Protocol

LABRAL REPAIR / OSTEOPLASTY / MICROFRACTURE

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0 to 3 weeks:

1. 1 to 2 visits per week, 5 times a week home program
2. Stationary bicycle, no resistance, keep seat high enough to avoid painful hip flexion, 20 minutes 5 times a week.
3. Gluteal sets, quad sets, heel slides, calf pumps
4. Passive ROM of hip (avoid external rotation, emphasize internal rotation)
5. Isometric strengthening – transverse abdominus, hip abduction/adduction
6. Uninvolved knee to chest, piriformis stretching with hip horizontal adduction (NOT EXTERNAL ROTATION)
7. Double and single leg balance with eyes open and eyes closed
8. Supine hip roll IR, standing hip IR (stool), quadruped rocking
9. Cryotherapy program, 3 to 5 times a day, 30 minutes each after exercises
10. Continue crunches 30% weight bearing on involved lower extremity

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3 to 6 weeks:

1. 2 to 3 visits per week, 5 times a week home program
2. Continue all exercises in previous phase (as described above)
3. Add light resistance to stationary bike – lower seat as increased ROM allows
4. Start weaning crutches beginning at 3-4 weeks. Begin by advancing weight-bearing for 50% for ½ week, then 75% for the remaining ½ week, then go to 100% while using crutches for ½ week. Emphasis should be full weight-bearing without crutches 2 weeks after beginning wean with NO LIMP. If needed, one crutch (opposite arm) or a cane can be used to transition to a normal gait
5. Straight leg raises (Prone, lateral (affected side down and up)
6. Side lying clams and bent knee fall outs, short lever hip flexion (seated)
7. Water/pool work may begin to include:

A: Walking

B: Jogging

C: Swim with pole buoy

8. Crutches should be weaned off by the end of this stage, and gait should be normal – if not, contact Dr. Wright

6 weeks to 3 months:

1: 2 to 3 visits per week 5 times a week home program
2. Continue all exercises in previous phase (as described above)
3. Kneeling hip flexor stretch, manual long axis distraction, manual A/P mobs, double leg bridges with tubing, double 1/3 knee bends, double leg cord rotations
4. Add to water/pool work swimming with fins, bounding/plyometrics

5. Increase resistance to stationary bike – lower seat as ROM increases
6. Begin seated rowing, elliptical, and/or stair climber
7. Begin exercises including mini-squats and wall slide mini squats
8. Toe raises with weights, step ups (begin with 2 inches and progress to a full step)
9. Trunk strength

    A. Transverse abdominus
    B. Side supports
    C. Trunk and low back stabilization

10. ROM should be normal by the end of this stage – if not contact Dr. Wright

3 to 5 months:

1. 2 to 3 visits to 5 times a week home program. May need physical therapy supervision for functional training
2. Continue all exercises in previous phase (as described above)

3. Dynadisc, advanced bridging (swiss ball, single leg), side supports, single leg cord rotation, skaters/side stepping (pilates or slideboard), single knee bends (lateral step downs), single leg windmills, lunges, side to side lateral agility, forward or backward running with a cord

4. Focus rehabilitation towards more closed-chain exercises including leg presses, step-ups, mini-squats, and hamstring curls with light weights, high repetitions. Repetitions should be smooth and slow and NOT explosive. May begin jump rope exercises

5. Begin slow jogging on even ground (avoid treadmill and no cutting, jumping, or pivoting).

5 to 8 months:

1. 2 to 3 visits 3 to 5 times a week home program. May need physical therapy supervision for functional training
2. Continue all exercises in previous phase (as described above)
3. Begin advanced strengthening with weights including leg presses, squats, leg curls and lunges
4. Initiate plyometric program as appropriate for patient's functional goals
5. May begin functional training exercises including fast straight running, backward running, cutting, cross- overs, carioca, etc.
6. Begin gradual return to previous sports/activities/work duties under controlled conditions
7. Full return to sports/activities/full work duties are pending Dr. Wright's approval based upon the following criteria:

Criteria for Return to Sports/Full Activities:

1. Normal muscle strength in the involved lower extremity
2. Jog and full speed run without a limp
3. Full range of motion
4. Satisfactory clinical examination