

## Hip Arthroscopy Rehab Protocol

This protocol is based on goal-oriented progression. Each patient is different and should be treated according to their tolerance in therapy. Impact activity (e.g. running, jumping, stairmaster) should not begin until at least 12 weeks postoperatively and should be started only when the patient exhibits a nearly full passive and active internal rotation of the hip.

### PHASE 1 (POD 0-week 1):

- Goals:
  - Regain ROM within tolerance, decrease swelling and pain
- **Therapeutic Exercise**
  - A. Day of Surgery:**
    - Begin isometric glut sets and ankle pumps
  - B. Postop days 1-7:**
    - WBAT with crutches. No pivoting or twisting
    - Progress HEP exercises:
      - Isometric quad, glut, hamstring, adductor, and abductor sets
      - Active assisted ROM in all planes without pain
      - Hip mobilization if beneficial for reducing pain and increasing ROM with straight distraction
      - Closed chain bridging, weight shifts, balance drills
      - Open chain abduction, adduction, flexion (not SLR), extension without resistance
      - Pool exercises if portal incisions closed and dry: water resisted toning, walking drills
      - Avoid early straight leg raises
    - General training for UE, trunk, uninvolved LE to maintain physical health
    - Modalities and manual therapy to assist in controlling pain and inflammation

### PHASE 2 (2-4 weeks):

- Goals:
  - Regain and improve muscular strength and normalize joint arthrokinematics
  - WBAT with crutches. No pivoting or twisting.
- **Therapeutic Exercise**
  - \*Progress ROM with gradual end range stretching within patient tolerance
  - Begin PRE's as tolerated
    - Closed chain single limb bridging
    - Open chain above knee resistive Thera-Band, ankle weight, pulley exercise in flexion/extension/abduction/adduction, hamstring curls as tolerated
    - Stationary bike with no to minimal resistance (avoid recumbent bike)
    - Progress pool exercises
    - Avoid impact or repetitive twisting activities
  - Continue UE and trunk exercises
  - Modalities and manual therapy to assist in controlling pain and inflammation

### PHASE 3 (5-6):

- Goals:
  - Improve functional strength and endurance without high impact

- Wean off crutches as gait normalizes
- **Therapeutic Exercise**
  - Progressive weight bearing as tolerated
  - Continue flexibility exercises
  - Progress resistive and functional training program
    - Closed chain exercises as tolerated include wall squats and leg press (minimal resistance)
    - Open chain activities in all planes
    - Continue stationary bike (standard)
  - Progress UE and trunk exercises
  - Modalities and manual therapy to assist in controlling pain and inflammation

**PHASE 4 (7-16 weeks):**

- Goals:
  - Restore patient to normalized function
- **Therapeutic Exercise**
  - Begin progression to functional activities
  - Continue strength and ROM exercises from prior phases
  - Pivoting and rotational (high impact) activities gradually introduced
    - Predicated on normal ROM prior to initiation of activities
  - Return to impact activities by 12 weeks as tolerated.

**Return to Sport/Work Criteria:** 4-6 months if athlete demonstrates dynamic neuromuscular control with multi-plane activities without pain or swelling.

\*If patient has arthritis, do not push to gain ROM. Stay within pain free ROM