TENNESSEE ORTHOPAEDIC CLINICS

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Routine Hip Arthroscopy Protocol

(Hip arthroscopy, chondroplasty, labral repair, loose body removal, ligamentum teres debridement)

The routine hip arthroscopy protocol should be used as a guideline for rehabilitation, however each patient's case should be addressed on an individual basis, the extent of their procedure, and their individual progress.

- Patient will be discharged to home the same day as surgery.
- Surgical dressing may be removed postoperative day 2 at home or in Physical Therapy.
- Patient may shower postoperative day 3 with the incisions covered.
- Outpatient Physical therapy should begin postoperative day 2 or 3.
- Stationary cycling should begin 5-7 days after surgery with seat elevated to comfortable position to avoid forced hip flexion. Cycling should focus on smooth range of motion with low resistance.
- Aquatic program may be initiated after 3 weeks if the wounds are healed.
- Patient will be weight bearing as tolerated, using crutches to promote normal gait pattern. Crutches may be discontinued at 10 to 14 days, if gait is approaching a normal pattern and is without pain.
- Do not sit in chair with flexion for greater than 30 minutes at a time
- Lay on stomach with hip extended 1-2 hours total per day to help decrease hip tightness.
- Patient will follow up 14 days post op for wound check and removal of stitches

Weight Bearing

- Weight bearing as tolerated with crutches x 2 weeks
- Crutches may be discontinued after 2 weeks once patient is approaching a normal gait pattern and is without pain.

Range of motion

- Flexion limited to 90 degrees x 2 weeks
- Abduction limited to 30 degrees x 2 weeks

- Internal rotation limited to 20 degrees at 90 degrees of flexion x 3 weeks
- External rotation limited to 30 degrees at 90 degrees of flexion x 3 weeks
- Prone internal rotation and log roll no limits
- Prone external rotation limited to 20 degrees x 3 weeks
- Prone hip extension limited to 0 degrees x 3 weeks

Phase I: Weeks 1-3

Rehabilitation Goals (weeks 1-6)

Patient education of joint protection to avoid irritation, begin passive ROM with restrictions, and initiate muscle activation/isometrics to prevent atrophy.

Progressive ROM promotion of active ROM and stretching, with emphasis on proximal control of hip and pelvis. Initiate return to weight bearing and crutch weaning. Normalize gate patter and gradually increase weight bearing

Precautions for Phase 1 – Hip Arthroscopy Rehabilitation

- Avoid hip flexor tendonitis
- Avoid irritation of the TFL, gluteus medius, ITB, and trochanteric bursa
- Avoid anterior capsular pain and pinching with range of motion
- Prevent low back pain and SIJ irritation from compensatory patterns
- Manage scarring around portal sites and at the anterior and lateral hip
- Do not push through pain with strengthening or range of motion

Week 1

- Quad sets, Glut Sets, Ankle pumps
- Isometric hip adduction with knees extended
- Pelvic tilt, facilitate abdominal and gluteal mm
- Heel slides, active or active-assisted, may use strap if more comfortable
- Double leg bridges
- Stationary bike without resistance for ROM starting at 5 to 7 days, 7-10 min
- Manual hip mobilization by PT

Week 2 (continue previous with below additions)

- Hamstring stretching and isometrics
- Standing weight shifts and heel lifts
- ¼ mini squats
- Standing or supine hip abduction

Week 3 (continue previous with below additions)

- Progress hip mobilization to grades 3-4, as tolerated
- Progress from double leg to single leg bridges (if no hip pain)
- Progress with OKC active ROM in all planes
- Progress to hamstring and hip flexor/quad stretches
- Forward walking over cups and small hurdles, pause on involved leg for balance facilitation
- Lateral walking over cups and small hurdles, pause on involved leg for balance facilitation
- Side lying, adduction
- Single leg press vs sports cord or theraband, short range
- Begin aquatic exercises (march steps, ROM, walking, lateral steps, backward walking, mini squats)
- May begin supine spine stability exercises

Weeks 4-6 continue with current program until patient has normal pain free gait .

Phase II: Weeks 4-6

- Single leg balance, progressing from firm to soft surface, static to dynamic
- Lateral stepping with resistance of theraband, sports cord or light pulley weight pausing on the involved side for balance effect
- Forward and backward walking with resistance of theraband, sports cord or light pulley weight, pausing on the involved side for balance effect
- Sidelying clamshells with theraband or light ankle weights
- Progress resistance with stationary cycle, very gradually
- Begin elliptical machine
- Progress aquatic exercise to include flutter kick swimming and 4 way hip
- Progress gradually to leg press nothing greater than 90 degrees

Phase III: Week 7-8 (if Phase II is completed)

- Lateral step ups, with focus on eccentric phase, beginning with 2 inch and progressing to 4 or 6 inch
- Combine lateral hurdle steps vs. resistance of sport cord, theraband or pulley weight. Increase speed as tolerated. May add ball toss or 3D UE movements.
- Lunge steps. Progress from small to large and from single plane to 3D or multi-plane, including rotation. May add medicine ball or weights for resistance. Protect PF joint.
- Single leg squats. Progress intensity by changing surfaces, increasing resistance or adding UE movement. No squats to more than 90 degrees.
- Theraband walking patterns, including forward, backward, lateral steps to left and right, carioca, large steps, 1/2 circles each way. Begin with resistance above the knee and move band to ankle as tolerated.
- Single leg stability ball bridges.