

## HIP ARTHROSCOPY REHABILITATION PROGRAM

### Phase 1 - Immediate Rehabilitation (1-2 weeks): Begin therapy POD #1

**Goals:**

- Protection of the repaired tissue
- PROM within guidelines
- Prevent muscular inhibition and gait abnormalities
- Diminish pain and inflammation

**Precautions:**

- 20 lb. heel-touch weight-bearing post-op x 2 weeks, extended duration per doctor's orders depending on procedure. (See below for specific restrictions)
- Do not push through pain or pinching, gentle stretching will gain more ROM

**Initial Exercises**

**PROM:** within range limitations, pain free, within ROM guidelines.

**CIRCUMDUCTION**

**ROM Guidelines (pain free)**

**Flexion:** 90° x 6 weeks

**Ext:** 0° x 6 weeks

**Abd:** 25-30° x 6 weeks

**IR:** 90 deg. hip flexion: 0 deg x 6 weeks; neutral (prone): within comfort zone

**ER:** 90 deg. hip flexion: 30 deg x 6 weeks; neutral (prone): 20 deg x 6 weeks

*\*After 6 weeks, gradually progress ROM as tolerated, within pain-free zone*

- STM (soft tissue mobilization) (scar, anterior, lateral, medial and posterior aspects of hip, lumbar paraspinals, quad/hamstring)
- Stationary bike with no resistance
- Isometric (quad setting, gluteal setting, TA isometrics with diaphragmatic breathing)
- Prone lying (modify if having low back pain)
- Avoid any active contraction of iliopsoas, hip flexion

### Phase 2 – Intermediate Rehabilitation (3-8 weeks)

**Criteria for progression to Phase 2:**

**Full Weight Bearing Must Be Achieved Prior To Progressing To Phase 2**

Partial weight bearing exercise progression may be allowed if patient is not progressed by MD to full weight bearing

**Goals:**

- Protection of the repaired tissue
- Restore Full Hip ROM - (ROM must come before strengthening) Restore Normal Gait Pattern
- Progressive Strengthening of Hip, Pelvis, and LE's
- Emphasize gluteus medius strengthening

**Precautions:**

- No forced (aggressive) stretching of any muscles
- Avoid inflammation of hip flexor, adductor, abductor, or piriformis

**Joint mobilization:** Continue **CIRCUMDUCTION**

Week 3: oscillations, caudal glide with passive hip flexion

Week 4: post/inf glides to decrease posterior tightness

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Address pelvic and lumbar alignment

**Intermediate Exercises**

**Gentle strengthening; ROM must come before strengthening**

- Stationary bike no resistance, add resistance at 5-6 weeks
- Hooklying (supine hip/knee flexed 45°) progression:* pelvic clock, TA with bent knee small range ER, marching, add isometric with kegel ball, isometric abduction with ring.
- Prone progression:* I R/ER A ROM, prone on elbows with glut setting-press ups, hip extension (after 6 weeks), alternating arm/leg raise.
- Sidelying progression:* clams 30 deg hip flexion to 60 deg hip flexion, hip abduction straight leg raise, side plank on elbow.

**Other**

- 1/2 kneel: gentle pelvic tilt for gentle stretch of iliopsoas
- Bridge progression – double leg to single leg
- Balance progression: double leg to single leg balance
- quad extension/HS curls - isokinetic
- Pelvic floor strengthening
- Core stretching/strengthening at 6 weeks. Emphasis on isometric core. Crunches ok.
- Elliptical / stair stepper: 6-8 weeks
- Step and squat progression
- Slide board: hip abduction / adduction, extension, IR/ER. No forced abduction. Stop short of any painful barriers.
- Continue to minimize active contraction of iliopsoas, hip flexion**

**Phase 3 – Advanced Rehabilitation (9-12 weeks)**

**Criteria for progression to Phase 3:**

- Full ROM
- Pain free Normal gait pattern
- Hip flexor strength of 4/5
- Hip abd, add, ext, and I R/ER strength of 4+/5

**Goals:**

- Full Restoration of muscular strength and endurance
- Full Restoration of patient's cardiovascular endurance
- Emphasize gluteus medius strengthening in weight bearing

**Precautions:**

- No contact activities
- No forced (aggressive) stretching

**Exercises:**

- No treadmill walking until 12 weeks
- 4-pt lumbar /core stabilization progression
- Anterior / side plank progression
- Crab / monster walk
- Lunges all directions
- Single leg squat
- Continue progressions of exercises in phase II.

**Phase 4 – Sport Specific Training > 12 weeks**

**Criteria for progression to Sport Specific Training:**

- Hip flexor strength 4+/5
- Hip add, abd, ext, I R/ER 5-/5

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Cardiovascular endurance equal to pre-injury level  
Demonstrates proper squat form and pelvic stability with initial agility drills,  
stable single-leg squat.

**Return to sport activities as tolerated without pain, consistent with MD orders.**

**Exercises:**

- Develop customized strengthening and flexibility program based on patient's sport and/or work activities
- Z cuts, W cuts, Cariocas
- Agility drills
- Jogging
- Gradual return to sport

**\*\*Restrictions specific to certain procedures.**

**-Microfracture:**

20 lbs FFWB with crutches x 6 weeks

Can progress from Phase 1 to non-weight bearing strengthening portions of Phase 2, then begin full weight bearing at 6 weeks

**-Abductor tendon repair:**

20 lbs FFWB with crutches/walker for 6 weeks (full thickness) or 4 weeks (partial thickness)

Restriction: No active abduction for 6 weeks. No single leg stance for 6 weeks.

Phase 2: Unable to restore normal gait until WB restrictions expire. No gluteus medius strengthening until 6 weeks.

**-Iliopsoas Release:**

Begin gentle stretch beginning with prone lying (Phase 1).

Gentle active release of iliopsoas (Phase 2)

**-Piriformis Release:**

POD #1 begin stretch piriformis (flexion, adduction, ER) without causing anterior hip pain and sciatic nerve flossing (Phase 1)

Gentle active release of piriformis (Phase 2)