

## Hip Arthroscopy Patient Education

### Use of Brace and Crutches:

- Wear the brace all times of weight bearing for the first 3 weeks after surgery. This is done to protect your hip and limit motion into hip extension (bringing your leg behind your body).
- Crutches used for the first 3-4 weeks after surgery.
- Weight bearing on the surgical leg is limited to 20 pounds of pressure. After 3 weeks, work with your Physical Therapist to wean off crutches as pain, strength, endurance and mobility allows. This is typically completed over 1-2 weeks time.
- **\*\*If micro fracture is present, weight bearing is limited to non-weight bearing and restrictions are extended to 6 weeks\*\***

### Motion Restrictions and Exercises:

You will be restricted in certain motions of your hip for the first **3 weeks after surgery**.

\*\*Avoid active SLR (straight leg raise)

\*\*PROM exercises should be pain free\*\*

<b>Flexion</b> (knee toward chest)	<b>Extension</b> (bringing leg behind the body)	<b>Abduction</b> (leg out to the side)	<b>Internal Rotation</b> (turning toes/ knee toward other leg)	<b>External Rotation</b> (turning toes knee away from other leg)	<b>Circumduction</b> (gentle pendulum motion)
90° limit	AVOID	30°limit	30°limit	20°limit	Perform at 30 and 70 degrees of flexion

### Range of motion (ROM) exercises:

- Passive range of motion (ROM) will be completed at home with the help of a caregiver. –
- **Plan to have your caregiver come to your first Physical Therapy appointment so that your therapist can teach them how to perform these motions.**
- When performing ROM do NOT push through pain. Even if you do not reach the degree of motions noted above, do what you can without pain. The motion will come
- Avoid pushing hip internal rotation especially if pain is present with this motion.

### CPM:

- CPM machine can be used for up to 4 hours a day.
- Stationary bike (without resistance) up to 20 minutes is also recommended at this time for assistance in ROM.

### Positional Precautions:

- Do NOT sit more than 20-30 minutes at a time.
- Do NOT lift your leg on its own (SLR).
- Do prone lying (on your stomach) for 2 hours per day.



### **How much pain is ok?**

Mild to moderate discomfort during exercise is ok as long as pain improves with repetitions, does not become worse during activity, diminishes with rest, and no residual pain >24 hours.

## **Hip Arthroscopy Protocol**

### **Phase Based:**

**Phase I-** Protection/education

**Phase II-** ADL's and return to community based function without pain or irritation.

**Phase III-** Return to PLOF

**Phase IV-** Sport specific for athletics/higher level mobility

\*\*Booster sessions during discharge phase (between phase III and IV)\*\*

### **Phase I (Protection/Education):**

Precautions-

- Follow ROM precautions and weight bearing status noted above.
- Avoid pain and tissue irritation as noted by pain lasting more than 24 hours.
- Do NOT perform supine SLR.

### **Goals**

- Promote tissue healing and proper muscle activation (Glutes, Quads, Core/Trunk/Abdominals)
- Improve pain free ROM and address soft tissue restrictions as needed.
- Progressive ambulation away from brace and crutches without compensation
- Provide patient education.

### **Progression Criteria**

- Pain free and non antalgic ambulation without assistive device for household and modified community mobility.
- Hip PROM 80% of contralateral side.
- Hip AROM adequate for functional activities (walking, sit<>stand)
- 30 second sit to stand test pain free to completion and without compensation.
- SL stance 30 sec without compensation of the femur and pelvis in any plane of motion.

\*\*Defer per WB precautions for micro-fracture\*\*



**Phase II (Activities of Daily Life and Community Mobility):**

**Precautions**

- Avoid Pain.
- Can begin gentle capsular mobilizations if indicated by exam.
- No plyometrics/agility/heavy loading.

**Goals**

- Regain full ROM in all planes.
- Improve LE and core strength, endurance, balance and control.
- Consistently demonstrate appropriate mechanics with functional mobility.
- Return to community ambulation and stairs pain free with good lumbo-pelvic stability and control.

**Progression criteria**

- Unrestricted pain free ambulation including stairs with good femoral and lumbo-pelvic control and stability.
- Hip PROM 100% contralateral side.
- Plank and side plank on knees for 60 seconds without compensations or breakdown in form.

**AND**

- Dynamometer “make test” 80% to contralateral side in all cardinal planes OR
- 80% repetitions to failure side lying hip ABD on wall, 10# resisted standing march, and 10# resisted prone hip extension off table.

**Phase III (Return to PLOF):**

**Precautions**

- Avoid persistent pain and break down in form with advancing activity including load and volume.

**Goals**

- Begin running progression, plyometrics, agility, cutting and progression to sport specific activities.
- Advance LE and core strength, endurance, balance and control with appropriate mechanics for high level activities.
- Initiate return to running progression 12-16 weeks pending MD clearance.

**Progression Criteria**

For those ready to D/C:

- Continuous SL squat to 60 degrees without femoral and lumbo-pelvic compensation for 60 sec.
- Y-balance test > 90%
- Plank and side plank 60 seconds without compensations or break down in form. AND



- Dynamometer “make test” 90% to contralateral side in all cardinal planes OR
- 90% repetitions to failure sidelying hip ABD on wall, 10# resisted standing march, 10# resisted prone hip extension off table.
- Symmetrical maximal depth double leg squat x20 repetitions.
- Return to PLOF with minimal symptoms.

For those entering Phase IV: Functional Sports  
Assessment To schedule FSA, please contact  
PT clinic.

Below are general guidelines for appropriate exercises based on time from surgery. Patients should be regularly re-evaluated, prescribed appropriate exercise based on their observed impairments, and have adjustment made in their program based on symptom response

## PHASE 1

### PT Pointers:

-NO Active open chain hip flexor activation.

Date of surgery:	Week	1	2	3	4	5	6
Stationary bike (20 min, Increase time at week 3 as patient tolerates)	Daily	✓	✓	✓	✓	✓	✓
Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament)	Daily (20-30 minutes each session)	✓	✓	✓	✓	✓	✓
Isometrics -quad, glutes, TA	daily	✓	✓				
Diaphragmatic breathing	daily	✓	✓				
Quadriped -rocking, pelvic tilts, arm lifts	daily	✓	✓	✓			
Clams/reverse clams	daily	✓	✓	✓			
TA activation with bent knee fall outs	daily	✓	✓	✓			
Bridging progression	5x/week		✓	✓	✓	✓	✓
Prone hip ER/IR, hamstring curls	5x/week		✓	✓	✓	✓	✓

-Emphasize Proximal Control. Exercise Examples:



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**PHASE 2**

PT Pointers:

- Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns.
- Provide tactile and verbal cueing to enable non-compensatory gait patterning.
- Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises.
- If Micro Fracture was performed, Hold all weight bearing exercises until week 6.

Exercise Examples:

Date of Surgery:	Week	3	4	5	6	7	8	9	10
Progress off crutches starting week 3		✓							
Continuation of soft tissue mobilization to treat specific restrictions	2x/week	✓	✓	✓	✓	✓	✓	✓	✓
Joint Mobilizations posterior/inferior glides	2x/week			✓	✓	✓	✓	✓	✓
Joint Mobilizations anterior glides	2x/week					✓	✓	✓	✓
Prone hip extension	5x/week	✓	✓	✓					
Tall kneeling and ½ kneeling w/ core and shoulder girdle strengthening	5x/week	✓	✓	✓	✓				
Standing weight shifts: side/side and anterior/posterior	5x/week	✓	✓						
Backward and lateral walking no resistance	5x/week	✓	✓						
Standing double leg ⅓ knee bends	5x/week		✓	✓	✓				
Advance double leg squat	5x/week				✓	✓	✓	✓	✓
Forward step ups	5x/week				✓	✓	✓	✓	✓
Modified planks and modified side planks	5x/week				✓	✓	✓	✓	✓
Elliptical (begin 3 min, ↑ as tolerated)	3x/week				✓	✓	✓	✓	✓



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Side steps and retro walks w/ resistance (begin w/ resistance more proximal)	3x/ week	✓	✓	✓	✓	✓	✓
Single leg balance activities: balance, squat, trunk rotation	3x/ week	✓	✓	✓	✓	✓	✓
Planks and side planks (advance as tolerated)	3x/ week	✓	✓	✓	✓	✓	✓
Single leg bridges (advance hold duration)	3x/ week	✓	✓	✓	✓	✓	✓
Slide board exercises	3x/ week			✓	✓	✓	✓
Agility drills (if pain free)	3x/ week			✓	✓	✓	✓
Hip rotational activities (if pain free)	3x/ week			✓	✓	✓	✓

**Phase 3**

PT Pointers:

- Focus on more FUNCTIONAL exercises in all planes.
- Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises.

Date of surgery	Week	8	9	10	11	12	16
Continue soft tissue and joint mobilizations PRN	2x/ week	✓	✓	✓	✓	✓	
Lunges forward, lateral, split squats	3x/ week	✓	✓	✓	✓	✓	✓

-More individualized, if the patients demand is higher than the rehab will be longer.



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## Phase 4

### PT Pointers:

- It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery.
- Perform a running analysis prior to running/cutting/agility.
- Assess functional strength and obtain proximal control prior to advancement of phase 4.

Date of surgery	Week	16	20	24	28	32
Running		In Alter G	✓	✓	✓	✓
Agility			✓	✓	✓	✓
Cutting				✓	✓	✓
Plyometrics				✓	✓	✓
Return to sport specifics				✓	✓	✓