

Hip Arthroscopy Physical Therapy Protocol



Dr. Christopher Ellingson

Phase I: Maximum Protection and Mobility (Weeks 1-3)

GOALS

- Protect integrity of tissue repair
- Minimize pain and inflammation
- Minimize scar formation by restoring range of motion
- Prevent muscular inhibition

RESTRICTIONS

- Range of motion limitation (to protect repaired labrum and joint capsule)
 - Flexion: 0-90 degrees
 - Abduction: 0-45 degrees
 - External rotation: neutral
 - Extension: neutral
 - Internal rotation: limit to comfort
 - Adduction: limit to comfort
- Weight-bearing (WB) status
 - Non-microfracture:
 - 40lb foot flat WB weeks 1-3
 - 50% WB week 4 then wean crutches as tolerated
 - Microfracture:
 - 20lb foot flat WB weeks 1-6
 - Wean crutches as tolerated
- **NO RESISTED HIP FLEXION/LUNGES**

REHAB STRATEGIES

- Continuous passive motion (CPM): 0-60 degrees
 - Non-microfracture: 6 hours QD x 3 weeks
 - Microfracture: 6 hours QD x 6 weeks
- Stationary bicycle (NO RESISTANCE): 20 mins BID x 6 weeks
- Circumduction (passive motion): BID x 2 weeks then daily x 10 weeks
- Prone time (lay on stomach): 1 hour minimum QD
 - Psoas release: 2 hours per QD

- Isometrics ad-lib
- **PAIN FREE** and **GENTLE** muscle stretching
- Ice and compression ad-lib
- Lymphatic massage ad-lib
- Cardiovascular and upper body exercises (SEE **CARDIO TABLE**)

MINIMUM CRITERIA TO ADVANCE TO PHASE II

- Minimum 3 weeks postoperative
- Minimal complaints of pain with all Phase I exercises
- Proper muscle firing patterns with all Phase I exercises
- Full weight bearing tolerated
- Minimal “pinching” sensation before 100 degrees of hip flexion

Phase II: Controlled Stability and Early Strength (Weeks 4-12)

GOALS

- Normalize gait
- Normalize motion
- Begin neuromuscular control, balance and proprioceptive training
- Initiate functional exercise while maintaining core and pelvic stability

RESTRICTIONS

- **AVOID HIP FLEXOR IRRITATION** due to activity progression
- Avoid too much volume, force or not enough rest
- Avoid ballistic or aggressive stretching
- **NO RESISTED HIP FLEXION/LUNGES**

REHAB STRATEGIES

- Wean crutches with emphasis on glute and core control
- Stationary bicycle (NO RESISTANCE): 20 mins daily

*If you have any problems or questions,
please call your doctor's office (8am-5pm).*

Answering service for after hours.

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- Circumduction (passive motion): QD to 10 weeks post-op
- Prone time (lay on stomach): 1 hour minimum QD
- PAIN FREE and GENTLE muscle stretching
- Begin active range of motion per patient tolerance
- Progress cardiovascular exercises (SEE CARDIO TABLE)

MINIMUM CRITERIA TO ADVANCE TO PHASE III

- Minimum 10 weeks postoperative
- Pain free and normalized gait
- Full range of motion with minimal “stiffness” into external rotation
- No joint inflammation

Phase III: Early Sport-Specific Progression (Weeks 12-16)

GOALS/STRATEGIES

- Begin return to running progression (individualize to patient)
- Strengthening progression (emphasis on hip abductor)
 - Increase per patient tolerance
- Maximize neuromuscular control, balance, proprioceptive training

GOALS

- Normalize gait
- Normalize motion
- Begin neuromuscular control, balance, proprioceptive training
- Initiate functional exercise while maintaining core and pelvic stability

Phase IV: Maximize Pre-Surgical Fitness Regiment (Weeks 16+)

CARDIO	CARDIOVASCULAR FITNESS	UPPER BODY/ACTIVITY SPECIFIC CONTITIONING
Phase I	<p>55-70% max heart rate (MHR) max 30 min</p> <ul style="list-style-type: none"> • Stationary bike (no resistance) • Upper body ergometry (UBE) • Single WELL LEG rowing 	<ul style="list-style-type: none"> • Cord-resistance training • Suspension-type training <ul style="list-style-type: none"> ○ TRX
Phase II	<p>85% MHR for Phase I activities</p> <p>55-70% MHR for Phase II activities</p> <ul style="list-style-type: none"> • Swimming WITH pull-buoy • Light resistance on bicycle as tolerated • Elliptical – once FWB 	<p>Pre-surgery upper body regimen</p> <ul style="list-style-type: none"> • Dumbbells/barbells • Machines at low resistance <p>Core conditioning</p> <ul style="list-style-type: none"> • Planks and crunches • Avoid hip flexor dominant exercises
Phase III	<p>70-90% MHR</p> <ul style="list-style-type: none"> • Swimming WITHOUT pull-buoy • Running progression (NON MFX) • Cycling progression • Strength days emphasis on <ul style="list-style-type: none"> ○ Power ○ Quickness ○ Decreasing rest time 	<p>Basic activity specific progression</p> <ul style="list-style-type: none"> • Shooting • Swinging • Hitting • Dribbling • Kicking • Throwing
Phase IV	<p>Maximize pre-surgery fitness</p> <ul style="list-style-type: none"> • Maximize pre-surgery fitness regimen: running, cycling, skating, swimming or strengthening 	<p>Advanced activity specific progression</p> <ul style="list-style-type: none"> • Advance sport specific drills, agilities, cutting, jumping, plyometric training