

## Arthroscopic Hip Surgery Post-Operative Protocol

This protocol provides general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. The intent is to provide the therapist with a general framework. MSM staff will provide contact information for further individual-specific rehabilitation progression consultation and general questions assistance regarding specific patients. Please fax initial assessment and subsequent progress notes directly to MSM at 952-944-0460. **\*\*Exceptions are bolded and underlined.\*\***

### Surgical Procedure(s):

- **Labral Debridement**
- **Microfracture**
- **Loose Body Removal**
- **Osteochondroplasty of Femoral Neck**
- **Thermal Capsulorrhaphy/Suture Capsulorrhaphy**
- **Labral Repair**
- **Synovectomy**
- **Ligamentum Teres Repair**

### Modalities PRN:

- Continuous Low-Level Heat Therapy (CLHT)
  - Initiate 5-10 days post-op
- MFR/STM
- Instrument-Assisted Soft Tissue Mobilization
- Kinesiotaping

### Phase I: Weeks 1-2

#### **WEIGHTBEARING**

- Immediate WB as tolerated, progress to full WB 3-5 days post-op.
- Correct postural deformity/antalgia and compensatory gait patterns.
- **Microfracture**: Toe-touch at 6 weeks with foot-flat progression.
- **Labral Repair**: Toe-touch WB, ROM as tolerated: begin after 1-2 days, avoid extreme ER x 2 weeks.

#### **ROM**

- Well leg stationary cycling begin post-operative day 1 or 2
- Protect integrity of repair and control acute stage inflammation.
- Gentle mid to available end-range loading immediately in all planes. Do not push in any plane of movement.
- **Microfracture**: Gentle mid-range loading at 4 weeks post-op.
- **Capsulorrhaphy**: Avoid extremes of ER and hip extension x 4 weeks.
- **Osteochondroplasty of Femoral Neck**: No running or jumping x 2.5 months.

## **PHASE I EXERCISES**

- Upright stationary bike- minimal to moderate resistance.
- Water walking/jogging and freestyle flutter kick with kick board. NOTE: cleared suture sites prior to aquatic training. Sutures should be removed approximately 10-14 days post-op.
- Quadruped posterior capsular shift.
- LI bridge with adductor facilitation and abdominal brace.
- LII bridging with abdominal brace.
- LI side bridging with adductor facilitation and abdominal brace.
- LI abdominal curl-up.
- BAPS hip facilitation:
  - Level I Double Leg → Single Leg
  - Level II Double Leg Squat → Step Down
- Functional ROM in WB.

### **Progression Criteria:**

- Full WB
- ROM ≥ 80 % of the uninvolved side.
- Minimal to no pain with Phase I exercises.
- Biomechanically correct movement patterns, coordination and control.

## **PHASE II: Weeks 3-4**

### **WEIGHTBEARING**

- Full WB
- **Microfracture**: Toe- touch with foot flat progression.

### **ROM**

- Push into available end-range. No worse as a result. NOTE: Thermal Capsulorrhaphy. Gently mobilization and movement to end-range with respect for directional preference.
- **Microfracture**: Gentle mid-range loading.

### **PHASE II EXERCISES**

- Progressive functional ROM in WB. Additional physiologic loads in functionally coupled patterns.
- Advanced bridging.
- LI squat with posterior shift.
- Advanced side bridge progressions.
- Abdominal curl-up progressions.
- LI step-up and returns-posterior, lateral and anterior.
- Functional trunk-hip patterns.
- Lunge matrix.
- Assisted WB BOSU LI single leg squats (step down)
- Baseline functional aerobic activity.
  - Treadmill, elliptical, walk-run program, swim, cycle.

### **PHASE III: Weeks 5+**

#### **WEIGHTBEARING**

- **Microfracture**: Progressive return to full WB.

#### **ROM**

- Full end-range loading in all planes. Push/No Worse.
- **Microfracture**: Full, end-range loading by 8-10 weeks post-op.

#### **PHASE III EXERCISES**

- Progressive functional ROM in WB with end-range loading strategies and end-range sport-specific loading strategies.
- Functional step-down and return progressions.
  - Use PNF patterns, sport specific patterns
- Functional lunge patterns.
  - Lunge patterns with trunk movement such as PNF patterns
- Functional hop and jump patterns.
  - Linear/forward back
  - Lateral
  - Diagonal
- Functional agility drills.
- Sport-specific functional drill and plyometric progressions.

#### **RETURN TO SPORT/FUNCTIONAL ACTIVITIES**

- Full pain-free end-range loading.
- Pre-injury cardiorespiratory fitness.
- Optimal sport/activity-specific neuromotor coordination and control.
- Trunk-hip coordinated strength  $\geq 90$  % of the uninvolved side.
- Full sport/activity-specific loading and speed with all functional drills.