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## **Accelerated Hip Arthroscopy Rehabilitation Protocol**

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-2	<ul> <li>Protect surgical site</li> <li>Avoid muscle contractures</li> <li>Achieve and maintain good muscle activation in all planes</li> <li>Manage swelling and pain</li> </ul>	<ul> <li>PWB: 25% WB</li> <li>PROM only</li> <li>ROM limited to: <ul> <li>Flexion: 90 deg</li> <li>Extension: 0 deg</li> </ul> </li> <li>IR/ER to 20 deg in neutral, no rotation in hip flexion</li> <li>Abduction to 30 deg</li> </ul>	<ul> <li>PRICE</li> <li>Isometrics in all planes</li> <li>Ankle pumps</li> <li>Prone lying, prone knee flexion, and prone rotation as tolerated</li> <li>Initiate bike for ROM: &lt;90 degrees of hip flexion</li> <li>Avoid active lifting of surgical leg for 2 weeks</li> </ul>
Weeks 2-6	<ul> <li>Initiate progressive loading</li> <li>Weaning from assistive device beginning week 1</li> <li>&gt;75% of full ROM</li> </ul>	<ul> <li>Progressive weight bearing based on patient symptoms beginning week 1</li> <li>Discontinue brace once transitioned to full WB</li> <li>AAROM - AROM         <ul> <li>ROM to tolerance in all planes, avoid anterior hip pinching</li> </ul> </li> </ul>	<ul> <li>Quadruped hip flexion mobility</li> <li>Initiate quadriceps, hamstring stretching</li> <li>Initiate OKC uniplanar isotonics to tolerance</li> <li>Initiate double leg CKC exercises to tolerance</li> </ul>
Weeks 6-12	<ul> <li>Ambulate without antalgia</li> <li>Goal is tolerating community ambulation by week 4</li> <li>Full ROM</li> <li>Strength testing 75% of uninvolved at week 12</li> <li>Y-Balance</li> </ul>	No running, jumping, cutting, or pivoting	<ul> <li>Hip mobilization may be used</li> <li>Initiate elliptical if desired</li> <li>Progress CKC into greater ROM <ul> <li>Single leg</li> <li>Multi-planar</li> <li>Progress resistance as tolerated</li> </ul> </li> <li>Week 6: FOTO, LEFS</li> </ul>
Weeks 12-16	<ul><li> Initiate return to jogging</li><li> Initiate skating</li><li> Initiate plyometric progressions</li></ul>	Avoid large spikes in workload	<ul> <li>Initiate running, skating, and/or plyometric activities with MD approval</li> <li>Begin sport specific tasks</li> <li>Week 12: FOTO, LEFS</li> </ul>
Weeks 16+	<ul> <li>Clearance to full return to sport</li> <li>Strength testing 90% of uninvolved by week 24</li> </ul>	Avoid large spikes in workload	<ul> <li>Progress sport specific tasks</li> <li>Gradual re-introduction to practice and eventual live game play</li> <li>Week 16-24: FOTO, LEFS</li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process Each patient's progress may vary based on specifics to their injury and procedure

The following pages provide supplemental direction if needed





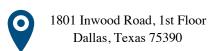
# **Exercise Specifics Guide**

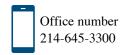
## PHASE 1

Goal: Protect the Joint and Avoid Irritation

- -Goal is symmetric ROM by 6-8 weeks
- -NO Active open chain hip flexor activation
- -Emphasize Proximal Control
- -Manual Therapy to be provided 20-30 minutes/PT session

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



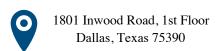


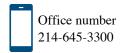
### PHASE 2

Goal: Non-Compensatory Gait and Progression

- -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 MicroFracture was performed, Hold all weight bearing exercises until week 6

Date of Surgery:	Week	3	4	5	6	7	8	9	10
Progress off crutches starting week 3		X							
Continuation of soft tissue mobilization to treat specific restrictions	2x/week	X	X	X	X	X	X	X	X
Joint Mobilizations posterior/inferior glides	2x/week				X	X	X	X	X
Joint Mobilizations anterior glides	2x/week					X	X	X	X
Prone hip extension	5x/week	X	X	X					
Tall kneeling and ½ kneeling w/ core and shoulder girdle strengthening	5x/week	X	X	X	X				
Standing weight shifts: side/side and anterior/posterior	5x/week	X	X	X					
Backward and lateral walking no resistance	5x/week	X	X						
Standing double leg 1/3 knee bends	5x/week		X	X	X				
Advance double leg squat	5x/week				X	X	X	X	X
Forward step ups	5x/week				X	X	X	X	X
Modified planks and modified side planks	5x/week				X	X	X	X	X
Elliptical (begin 3 min, ↑ as tolerated)	3x/week				X	X	X	X	X



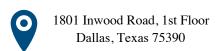


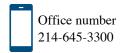
## Phase 3

Goal: Return the Patient to Their Pre-Injury Level

- -Focus on more FUNCTIONAL exercises in all planes
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -More individualized, if the patients demand is higher than the rehab will be longer

Date of surgery	Week	8	9	10	11	12	16
Continue soft tissue and joint	2x/week	X	X	X	X	X	
mobilizations PRN							
Lunges forward, lateral, split squats	3x/week	X	X	X	X	X	X
Side steps and retro walks w/ resistance	3x/week	X	X	X	X	X	X
(begin w/ resistance more proximal)							
Single leg balance activities: balance,	3x/week	X	X	X	X	X	X
squat, trunk rotation							
Planks and side planks (advance as	3x/week	X	X	X	X	X	X
tolerated)							
Single leg bridges (advance hold duration)	3x/week	X	X	X	X	X	X
Slide board exercises	3x/week			X	X	X	X
Agility drills (if pain free)	3x/week			X	X	X	X
Hip rotational activities (if pain free)	3x/week			X	X	X	X





## Phase 4

Goal: Return to Sport

- -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	X	X	X	X
Agility			X	X	X	X
Cutting				X	X	X
Plyometrics				X	X	X
Return to sport specifics				X	X	X

