

**Accelerated Hip Arthroscopy Rehabilitation Protocol**

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-2	<ul style="list-style-type: none"> Protect surgical site Avoid muscle contractures Achieve and maintain good muscle activation in all planes Manage swelling and pain 	<ul style="list-style-type: none"> PWB: 25% WB PROM only ROM limited to: <ul style="list-style-type: none"> Flexion: 90 deg Extension: 0 deg IR/ER to 20 deg in neutral, no rotation in hip flexion Abduction to 30 deg 	<ul style="list-style-type: none"> PRICE Isometrics in all planes Ankle pumps Prone lying, prone knee flexion , and prone rotation as tolerated Initiate bike for ROM: <90 degrees of hip flexion Avoid active lifting of surgical leg for 2 weeks
Weeks 2-6	<ul style="list-style-type: none"> Initiate progressive loading Weaning from assistive device beginning week 1 >75% of full ROM 	<ul style="list-style-type: none"> Progressive weight bearing based on patient symptoms beginning week 1 Discontinue brace once transitioned to full WB AAROM - AROM <ul style="list-style-type: none"> ROM to tolerance in all planes, avoid anterior hip pinching 	<ul style="list-style-type: none"> Quadruped hip flexion mobility Initiate quadriceps, hamstring stretching Initiate OKC uniplanar isotonics to tolerance Initiate double leg CKC exercises to tolerance
Weeks 6-12	<ul style="list-style-type: none"> Ambulate without antalgia Goal is tolerating community ambulation by week 4 Full ROM Strength testing 75% of uninvolved at week 12 Y-Balance 	<ul style="list-style-type: none"> No running, jumping, cutting, or pivoting 	<ul style="list-style-type: none"> Hip mobilization may be used Initiate elliptical if desired Progress CKC into greater ROM <ul style="list-style-type: none"> Single leg Multi-planar Progress resistance as tolerated Week 6: FOTO, LEFS
Weeks 12-16	<ul style="list-style-type: none"> Initiate return to jogging Initiate skating Initiate plyometric progressions 	<ul style="list-style-type: none"> Avoid large spikes in workload 	<ul style="list-style-type: none"> Initiate running, skating, and/or plyometric activities with MD approval Begin sport specific tasks Week 12: FOTO, LEFS
Weeks 16+	<ul style="list-style-type: none"> Clearance to full return to sport Strength testing 90% of uninvolved by week 24 	<ul style="list-style-type: none"> Avoid large spikes in workload 	<ul style="list-style-type: none"> Progress sport specific tasks Gradual re-introduction to practice and eventual live game play Week 16-24: FOTO, LEFS

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

PT Pointers:

- 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



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PHASE 2

Goal: Non-Compensatory Gait and Progression

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 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 ⅓ 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



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Phase 3

Goal: Return the Patient to Their Pre-Injury Level

PT Pointers:

- 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 mobilizations PRN	2x/week	x	x	x	x	x	
Lunges forward, lateral, split squats	3x/week	x	x	x	x	x	x
Side steps and retro walks w/ resistance (begin w/ resistance more proximal)	3x/week	x	x	x	x	x	x
Single leg balance activities: balance, squat, trunk rotation	3x/week	x	x	x	x	x	x
Planks and side planks (advance as tolerated)	3x/week	x	x	x	x	x	x
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



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Phase 4

Goal: Return to Sport

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	x	x	x	x
Agility			x	x	x	x
Cutting				x	x	x
Plyometrics				x	x	x
Return to sport specifics				x	x	x



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