

Standard Hip Arthroscopy Rehabilitation Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-2	- Protect surgical site - Avoid muscle contractures - Achieve and maintain good muscle activation in all planes - Manage swelling and pain	- PWB: 25% WB - PROM only - ROM limited to: - Flexion: 90 deg Extension: 0 deg - IR/ER to 20 deg in neutral, no rotation in hip flexion - Abduction to 30 deg	- 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 4 weeks
Weeks 2-6	- Initiate progressive loading Weaning from assistive device beginning week 3 >75% of full ROM	Progressive weight bearing based on patient symptoms beginning week 3 Discontinue brace once transitioned to full WB - AAROM - AROM - ROM to tolerance in all planes, avoid anterior hip pinching	- Quadruped hip flexion mobility - Initiate quadriceps, hamstring stretching - Initiate OKC uniplanar isotonic to tolerance - Initiate double leg CKC exercises to tolerance
Weeks 6-12	- Ambulate without antalgia Goal is tolerating community ambulation by week 4-6 - Full ROM - Strength testing 75% of uninvolved at week 12 - Y-Balance	No running, jumping, cutting, or pivoting	- Hip mobilization may be used - Initiate elliptical if desired - Progress CKC into greater ROM - Single leg - Multi-planar - Progress resistance as tolerated - Week 6: FOTO, LEFS
Weeks 12-16	- Initiate return to jogging - Initiate skating - Initiate plyometric progressions	Avoid large spikes in workload	- Initiate running, skating, and/or plyometric activities with MD approval - Begin sport specific tasks - Week 12: FOTO, LEFS
Weeks 16+	- Clearance to full return to sport - Strength testing 90% of uninvolved by week 24	Avoid large spikes in workload	- 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



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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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