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REHABILITATION GUIDELINES FOR HIP ARTHROSCOPY Aaron M. Bott, M.D.

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. Specific attention must also be given to posture, alignment, and muscle imbalances. The full rehabilitation program may not be necessary. It will depend on the patient's goals and desired activities.

Basic Principles:

- Postoperative recovery begins with a preoperative educational visit for instruction, explanation, and demonstration of the postoperative rehab protocol.
- Postoperative weight bearing status should not be based on hip pain alone. Although the discomfort after hip arthroscopy may be surprisingly sparse, there is often a significant amount of reflex inhibition and poor muscle firing due to the penetration of the hip with the arthroscopic instruments and the large amount of traction applied to the hip during surgery. Consequently, crutches or other assistive devices should be utilized until a normal gait pattern (no limp) and coordinated muscle activity is achieved.
- Active-assisted range of motion exercises are initiated early (1-7 days postop), but maximum motion in any plane should be determined by where the patient feels discomfort, and stretching should only be pushed to tolerance. Pushing extremes of motion does not enhance function and will increase discomfort and prolong rehabilitation.
- Muscle strengthening exercises are to be performed during the first week after surgery, but progressive strengthening depends on the patient's tolerance. Isometric exercises are the simplest and least likely to aggravate the hip joint. They include isometric sets for the gluteal, quadriceps, hamstrings, adductor, and abductor muscle groups.

HIP ARTHROSCOPY
Phase I Surgery to 2 Weeks
Aaron M. Bott, M.D.

Appointments	Physician: 7-10 days postoperatively Physical Therapy: 3-5 days postoperatively 1-2x/week
Guidelines	<ul style="list-style-type: none"> • Weightbearing: <ul style="list-style-type: none"> -WBAT with axillary crutches with gait and pain as guides until first post-Operative visit • Crutches: <ul style="list-style-type: none"> -May wean from crutches when patient exhibits normal to near normal gait pattern • Avoid resisted straight leg raises • ROM exercises should be pain-free • Avoid impact exercises for 6-8 weeks if articular cartilage was debrided or microfracture was performed • Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol
Range of Motion Exercises	<ul style="list-style-type: none"> • Active-assisted and passive ROM exercises in all planes • Gentle hip mobilization and distraction techniques <ul style="list-style-type: none"> -Straight plane distraction with force applied to lower leg -Inferior glides -Posterior glides
Strengthening Exercises	<ul style="list-style-type: none"> • Isometric hip flexion, extension, abduction, adduction, IR, and ER • Quad sets • Hamstring sets • Gluteal sets • Standing 4 directional hip exercises without resistance <ul style="list-style-type: none"> -Start with short arc movements progressing to full arc
Balance Training	<ul style="list-style-type: none"> • Gait activities <ul style="list-style-type: none"> -Marching, heel-toe rocking, sidestepping -May utilize pool for gait activities once portals have healed
Aerobic Conditioning	<ul style="list-style-type: none"> • Upper body circuit training or UBE
Modalities	<ul style="list-style-type: none"> • Electrical stimulation as needed • Cryotherapy
Progression Criteria	<ul style="list-style-type: none"> • Normal gait without assistive devices on level indoor surfaces • Good leg control at low velocity • Functional ROM without pain

HIP ARTHROSCOPY
Phase II 2 to 6 Weeks Postop
Aaron M. Bott, M.D.

Appointments	Physician: 7-10 days and 6 weeks postoperatively Physical Therapy: 1-2x/week
Guidelines	<ul style="list-style-type: none"> • Crutches should be weaned for normal ambulation for all surfaces and distances • Post-activity soreness should resolve within 24 hours • ROM exercises should be pain-free • Avoid impact exercises for 6-8 weeks if articular cartilage was debrided or microfracture was performed • Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol
Range of Motion Exercises	<ul style="list-style-type: none"> • Active hip ROM D1 and D2 patterns • Stationary bike • Stretching for patient specific muscle imbalances
Strengthening Exercises	<ul style="list-style-type: none"> • Non-impact hip and core strengthening exercises <ul style="list-style-type: none"> -Body boards -Bridging (progressing from double to single leg) -Mini band drills -Swiss ball drills • Shuttle leg press • Quad strengthening
Balance Training	<ul style="list-style-type: none"> • Non-impact balance exercises and proprioceptive drills • Progress to single-leg exercises as tolerated • Gait and functional movement drills in the pool
Aerobic Conditioning	<ul style="list-style-type: none"> • Stationary bike • Ski machine • Deep pool running • Swimming • Elliptical
Modalities	<ul style="list-style-type: none"> • Cryotherapy
Progression Criteria	<ul style="list-style-type: none"> • Normal gait on all surfaces • Ability to carry out functional movements without unloading affected leg or pain, while demonstrating good control • Single leg balance greater than 15 seconds

HIP ARTHROSCOPY
Phase III 6 to 12 Weeks Postop
Aaron M. Bott, M.D.

Appointments	Physician: 6 weeks and 12 weeks postoperatively Physical Therapy: 1x/1-2weeks
Guidelines	<ul style="list-style-type: none"> • Running program may commence once the patient is able to demonstrate good single leg landing control in a repetitive fashion without pain • Sport-specific rehab drills may begin once the patient demonstrates good control with impact control and multi-plane exercises and can tolerate the running program without pain • Post activity soreness should resolve within 24 hours • Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol
Range of Motion Exercises	<ul style="list-style-type: none"> • Stretching for patient specific muscle imbalances
Strengthening Exercises	<ul style="list-style-type: none"> • Hip and core strengthening • Impact control exercises <ul style="list-style-type: none"> -Begin 2 feet to 2 feet -Progress to 1 foot to other and then 1 foot to same foot • Movement control exercises <ul style="list-style-type: none"> -Begin with low velocity, single plane activities -Progress to higher velocity, multi-plane activities
Balance Training	<ul style="list-style-type: none"> • Sport/work specific balance and proprioceptive drills
Aerobic Conditioning	<ul style="list-style-type: none"> • Replicate sport or work-specific energy demands
Modalities	<ul style="list-style-type: none"> • Cryotherapy
Progression Criteria/Return to Sports	<ul style="list-style-type: none"> • Normal gait on all surfaces Dynamic neuromuscular control with multi-plane activities, without pain or swelling