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POSTOPERATIVE REHABILITATION PROTOCOL

HIP ARTHROSCOPY, OSTEOPLASTY, AND LABRAL REPAIR

OVERVIEW

Phase I (Weeks 1-3):

Hip brace with ambulation x 4 weeks, 20# weight bearing with foot flat pattern during walking x 1 week then WBAT, avoid hip flexor irritation, PROM and AROM exercises within limitations, isometric strength gains to focus on muscle firing patterns, encourage prone lying 2-3 hours a day

Phase II (Weeks 4-6):

Normalize gait pattern, restore full AROM and PROM gradually, initiate closed chain exercises and weight shifting exercises

Phase III (Weeks 7-12):

Begin resisted biking, progress strengthening exercises from double to single leg, focus on return to prior activities without pain or irritation, progress lower extremity strength and endurance

Phase IV (Months 3-6):

Begin return to running program; functional strengthening and agility; return to sport exercises

Home program:

Continue through 1 year

Progression of activities:

- *Crutches:* 20# WB with foot flat walking pattern x 1 week, then progress to WBAT
 - *Hip brace:* Wear hip brace while ambulating x 4 weeks
 - *Driving:* Avoid driving until you are no longer taking narcotic pain medication, are able to actively lift leg (around 3 weeks) and have the necessary limb control to perform all driving tasks.
 - *Aqua therapy:* May begin after week 3 once incisions have healed
 - *Running:* Wait until 3 months before beginning running progression
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- **This protocol is non-linear**
 - **Patients may progress at different rates. Do not push through the pain**
 - **Please use clinical judgement and tailor to each patient's needs**



PHASE I: PROTECTION AND ROM (WEEKS 1-3)

GOALS

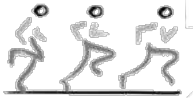
- Protect repair
- Avoid hip flexor irritation (no sitting with hip flexed >90 degrees, avoid actively lifting leg, not properly activating deep core muscles, etc.)
- Control and decrease pain, inflammation, swelling, or effusion
- Avoid adhesion formation with passive motion and soft tissue mobilization
- Hip brace when ambulating for 4 weeks
- 20lb Weight bearing with foot flat gait pattern x 1 week, then WBAT
- ROM restrictions: Abduction to 45 degrees, no extension past 0, IR to neutral, ER to 30

EXERCISES

- WEEK 1** Hamstring sets and seated hamstring stretch
Prone hangs, prone lying 2-3 hours a day, may split into 20 minute intervals
Ankle pumps
Supine PROM
- Flexion to 75, Abduction to 30, ER and IR to 20 (with hip flexed)
 - 30 reps of each plane of motion
- Log rolls
Isometrics (focus on transabdominals, obliques, gluteals, abductors)
- WEEK 2** Continue week 1 exercises
Circumduction
- Hip flexed to 70, knee flexed to 90. Gently move the thigh in small circular movements (first clockwise, then counter-clockwise)
 - Avoid ER/IR
 - Perform for 5 minutes in each direction.
 - Repeat again in neutral (hip abducted 20 degrees, knee extended)
- Stationary bike, no resistance, keep seat high, no recumbent bike
Quadruped progression (be mindful of ROM restrictions)
- Cat and camel
 - Rockback (with slight posterior tilt)
 - Hip extensions
- Soft tissue mobilization (start superficial, progress to deep)
Scar massage at portal incisions x 5 minutes
- WEEK 3** Continue week 2 exercises
Wean from crutches, normalize gait pattern
Begin aquatic therapy (as long as incisions are well-healed)
Double leg bridges
Stool rotations (within ROM restrictions)
Physioball rollouts

Criteria to progress

- Well-controlled postoperative pain
- No frontal/sagittal plane deviations of hip and pelvis when ambulating



PHASE II: STABILITY AND GAIT (WEEKS 4-6)

GOALS

- Protect repair
- Normalize gait pattern
- Initiate closed chain and weight shift exercises
- Continue with phase I exercises as appropriate

EXERCISES

- WEEK 4** Stationary bike, no resistance, keep seat high, no recumbent bike
Double leg bridges with abduction
Half-kneeling weight shifts
Half-kneeling single-arm row and extension (with TheraBand or sport cord)
Standing hip abduction isometrics (foam roller or against wall)
Hip hikes (off edge of step)
- WEEK 5** Sidelying clam shells (progress to TheraBand resistance)
Standing lateral and forward/backward weight shifts
Single leg stance, balance progression
Quadruped fire hydrant
Half-kneeling upper body lifts/chops with sport cord (no hip or torso rotation)
Double leg quarter-squats
Forward step-ups
- WEEK 6** Forward shift to Romanian dead lift
Modified prone plank (knees to elbows)
Therapy ball hamstring curls
Side step-ups
Y balance reaching

Criteria to progress

- No gait deviations
- Minimal pain following activities
- ROM equal to contralateral side

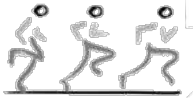
PHASE III: STRENGTH AND MUSCULAR ENDURANCE (WEEKS 7-12)

GOALS

- Prevent compensation due to fatigue
- Begin resisted biking
- Progress strengthening exercises from double to single leg
- Focus on return to prior activities without pain or irritation
- Progress lower extremity strength and endurance

EXERCISES

- WEEKS 7-12** Continue all appropriate exercises from phase II
Bridge with alternating knee extensions
Half prone plank/pillar bridge (progress to full/bosu when appropriate)
Side stepping in squat/athletic position (progress to TB)
Double leg body weight squats
Single leg quarter-squat



Forward/lateral/reverse lunges
Side plank
Resisted stool rotations (begin week 8)

Cardiovascular Exercises

Elliptical trainer (start with 5 minutes, increase 5 minutes each week)
Resisted biking (advance resistance as tolerated)

Criteria to progress

No pain with ADLs
Normal Gait Pattern

PHASE IV: PLYOMETRICS AND RETURN TO SPORT (MONTHS 3-6)

GOALS

No complaints of pain or weakness
Running progression
Safe return to sport or patient's functional activities
Maintenance of strength, endurance, and proprioception
Patient education with regards to any possible limitations

EXERCISES

Balance squats with rotations
Retro walking with resistance band
Lunge with trunk rotations (with sport cord or physioball)
Begin running progression and single plane agilities

- Quick feet
- Backpedaling
- Side shuffles
- Double leg plyometrics (i.e. Broad jumps, 4-square hops)

Sport specific exercises
Begin advanced/multi directional agilities (not before week 16)

- Z and w cuts
- Cariocas
- Transition to single leg plyometrics

Maintenance program for strength, endurance, and proprioception