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Post-Operative Hip Arthroscopy Rehabilitation Protocol for Dr. Thomas Wuerz
Labral Repair With or Without FAI Component

Date of Surgery:

Procedure:

ROM Restrictions:

-**Perform PROM in patient's PAIN FREE Range**
- **Initiate circumduction right away post-op**

FLEXION	EXTENSION	EXTERNAL ROTATION	INTERNAL ROTATION	ABDUCTION
Limited to: 90 degrees x 2 weeks (may go higher in the CPM)	Limited to: 0 degrees x 3 weeks	Limited to: *30 degrees @ 90 degrees of hip flexion x 3 weeks *20 degrees in prone x 3 weeks	Limited to: *20 degrees @ 90 degrees of hip flexion x 3 weeks *No limitation in prone	Limited to: 30 degrees x 2 weeks

Weight Bearing Restrictions: Gait Progression:

Weight Bearing Restrictions	Gait Progression
20# FOOT FLAT Weight Bearing -for 3 weeks (non-Micro-fracture) -for 6 weeks (with Microfracture)	Begin to D/C crutches at 3 weeks (6 wks if MicroFracture is performed). Patient may be fully off crutches and brace once gait is PAIN FREE and NON-COMPENSATORY

PATIENT PRECAUTIONS:

-NO Active lifting of the surgical leg (use a family member/care taker for assistance/utilization of the non-operative leg) for approximately 4 weeks -NO sitting greater than 30 minutes at a time for the first 3 weeks -DO NOT push through pain

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POST-OP DAY 1/INITIAL PHYSICAL THERAPY VISIT:

Activity/Instruction	Frequency	Completed ?
Instructed in ambulation and stairs with crutches and 20# FFWB		
Upright Stationary bike no resistance	20 minutes daily	
CPM usage	4 hours/day (decrease to 3 hours if stationary bike used for 20')	
Instruction on brace application/usage		
PROM (circumduction, abduction, log rolls) instructed to the family/caregiver *maintain restrictions for 3 weeks	20 minutes; 2 times each day	
Prone lying	2-3 hours/day	
Isometrics (quad sets, glut sets, TA activation)	Hold each 5 seconds, 20 times each, 2x/day	

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	✓	✓	✓	✓	✓	✓
Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament)	Daily (20-30 minutes each session)	✓	✓	✓	✓	✓	✓
Isometrics -quad, glutes, TA	daily	✓	✓				
Diaphragmatic breathing	daily	✓	✓				
Quadriped -rocking, pelvic tilts, arm lifts	daily	✓	✓	✓			
Anterior capsule stretches: surgical leg off table/Figure 4	daily			✓	✓	✓	✓
Clams/reverse clams	daily	✓	✓	✓			
TA activation with bent knee fall outs	daily	✓	✓	✓			
Bridging progression	5x/week		✓	✓	✓	✓	✓
Prone hip ER/IR, hamstring curls	5x/week		✓	✓	✓	✓	✓

PHASE 2
Goal: Non-Compensatory Gait and Progression

<u>PT Pointers:</u>
-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		✓							
Continuation of soft tissue mobilization to treat specific restrictions	2x/week	✓	✓	✓	✓	✓	✓	✓	✓
Joint Mobilizations posterior/inferior glides	2x/week			✓	✓	✓	✓	✓	✓
Joint Mobilizations anterior glides	2x/week					✓	✓	✓	✓
Prone hip extension	5x/week	✓	✓	✓					
Tall kneeling and ½ kneeling w/ core and shoulder girdle strengthening	5x/week	✓	✓	✓	✓				
Standing weight shifts: side/side and anterior/posterior	5x/week	✓	✓						
Backward and lateral walking no resistance	5x/week	✓	✓						
Standing double leg ⅓ knee bends	5x/week		✓	✓	✓				
Advance double leg squat	5x/week				✓	✓	✓	✓	✓
Forward step ups	5x/week				✓	✓	✓	✓	✓
Modified planks and modified side planks	5x/week				✓	✓	✓	✓	✓
Elliptical (begin 3 min, ↑ as tolerated)	3x/week				✓	✓	✓	✓	✓

Phase 3
Goal: Return the Patient to Their Pre-Injury Level

<u>PT Pointers:</u>
-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	✓	✓	✓	✓	✓	
Lunges forward, lateral, split squats	3x/week	✓	✓	✓	✓	✓	✓
Side steps and retro walks w/ resistance (begin w/ resistance more proximal)	3x/week	✓	✓	✓	✓	✓	✓
Single leg balance activities: balance, squat, trunk rotation	3x/week	✓	✓	✓	✓	✓	✓
Planks and side planks (advance as tolerated)	3x/week	✓	✓	✓	✓	✓	✓
Single leg bridges (advance hold duration)	3x/week	✓	✓	✓	✓	✓	✓
Slide board exercises	3x/week			✓	✓	✓	✓
Agility drills (if pain free)	3x/week			✓	✓	✓	✓
Hip rotational activities (if pain free)	3x/week			✓	✓	✓	✓

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	✓	✓	✓	✓
Agility			✓	✓	✓	✓
Cutting				✓	✓	✓
Plyometrics				✓	✓	✓
Return to sport specifics				✓	✓	✓

Important Contact Information:

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