



POSTOPERATIVE PROTOCOL

Hip Arthroscopy – Labral Repair, Chondroplasty, Acetabuloplasty

ROSENBERG COOLEY METCALF
THE ORTHOPEDIC CLINIC AT PARK CITY

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Phase I:

Maximum Protection (Weeks 0 to 3)

- Toe Touch Weight Bearing x 3 weeks
- CPM 4-6 hours/day or as tolerated
- Lie on stomach 2 or more hours/day
- Bledsoe brace - 0°-90° for 3 weeks

ROM Restrictions x 3 weeks

- Flexion 0°-90° x 2 weeks and progressing to 120° by week 3
- Extension 0°
- External rotation 0°
- Internal rotation - no limits, work for full range
- Abduction 0°-45°

Exercise progression

- Stationary bike with no resistance.
- Glute, quadriceps, hamstring isometrics, abduction, adduction (2x/day): Immediately as tolerated
- Hip PROM (2x/day) flexion, abd. and IR supine at 90° and prone
- Hip circumduction

Exercise progression POD

- Hip isometrics IR/ER (2x/day)
- Initiate basic core: pelvic tilting, TVA and breathing re-education
- Quadruped rocking **beginning POD 14**

Exercise progression POD 15-21

- Standing abduction/adduction-Full Weight Bearing on uninvolved side only

Criteria for Progression to Phase 2:

- **Mobility within limitations**
- **Early restoration of neuromuscular control**
- **Normal patellar mobility**

Phase II:

Progressive Stretching and Early Strengthening (Weeks 3 to 6)

Goals

- Wean off crutches (over 7-10 days)
- Normal gait
- Normal single limb stance
- Full ROM
- Improve LE muscle activation, strength and endurance

Manual Therapy:

- Scar mobilization
- STM to quad, ITB, hip flexors, glutes, hip adductors/abductors/rotators
- Continue work on ROM (FABER, flexion, abduction, IR, ER)

Exercise progression (as tolerated)

- Bridging double and single
- Supine dead bug series
- Core 6 program
- Sidelying hip abduction
- Quadruped hip extension series
- Standing open and closed chain multi-plane hip
- Standing internal/external rotation strengthening (use stool)
- Step-up progression
- Squat progression
- Heel raises
- Stationary biking
- Deep water pool program when incisions are completely healed
 - Water walking at 3 weeks
 - Dolphin or flutter kicks at 6 weeks
 - No whip kicks for 8 weeks
- Stretching: quadriceps, piriformis and hamstrings

Criteria for Progression to Phase 3:

- **Hip abduction strength 4/5**
- **Flexion, ER and IR ROM within normal limits**
- **50% FABER ROM compared to uninvolved side**
- **Normal Gait**
- **No Trendelenberg with Single Leg Stance/descending stairs**
- **Normal bilateral squat**

Phase III:

Advanced Strengthening and Endurance Training (Weeks 6 to 12)

Manual Therapy

- Continue soft tissue mobilization as needed particularly glutes, adductors, hip flexors, abductors
- Gentle joint mobilizations as needed for patients lacking ER or FABER ROM
- May begin trigger point dry needling for glutes, quads, adductors NO HIP FLEXOR TDN until Week 8.
- Assess FMA and begin to address movement dysfunctions

Exercise progression

- Continue with muscle activation series (quadruped or straight leg series)
- Introduce movement series to increase proprioception, balance, and functional flexibility
- Progress core program as appropriate
- Advanced glute and posterior chain strengthening
- Leg press and leg curl
- Squat progression (double to single leg- add load as tolerated)
- Lunge progression
- Step-up Progression
- Walking program
- Outdoor biking- week 6
- Swimming- no breast stroke kick-week 8
- Shallow water pool running program-week 6

Criteria for progression to phase 4:

- **12 weeks post-op**
- **Hip abduction and extension strength 5/5**
- **Single Leg Squat symmetrical with uninvolved side**
- **Full ROM**
- **No Impingement with ROM**

Phase IV:

Return to Sport Program (Weeks 12-20)

May begin elliptical and stair climber at 12 weeks

Exercise progression

- Maintain muscle activation series, trunk, hip and lower extremity strength and flexibility program
- Introduce and progress plyometric program
- Begin ladder drills and multidirectional movement
- Begin Interval running program
- Field/court sports specific drills in controlled environment
- Pass sports test
- Non-contact drills and scrimmaging – must have passed sports test- refer to specific return to sport program
- Return to full activity – per physician and therapist