

HIP ARTHROSCOPY PROTOCOL WITHOUT MICRO FRACTURES

Overview:

Protect healing tissue x 3 months

Hip brace x 2 weeks

No active leg lifting x 3 weeks

20# Weight bearing x 3 weeks (with foot flat WB pattern when walking!)

ROM restrictions x 3 weeks (abduction to 45 deg, no extension >0, no ER)

No treadmill use x 12 weeks

This protocol is non-linear.

Please use clinical judgement and tailor to each patient's needs

▪ **Phase I:**

Hip brace with ambulation x 2 weeks, 20# weight bearing with foot flat pattern during walking x 3 weeks, 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:**

Wean from crutches, normalize gait pattern, restore full AROM and PROM gradually, initiate closed chain exercises and weight shifting exercises

▪ **Phase III:**

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

Patients returning to sport activities must pass “SPORT TEST” before progressing to phase IV

▪ **Phase IV:**

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

▪ **Home program:**

Continue through 1 year

Progression of activities:

▪ **Showering/bathing:**

Wait until first post-operative appointment with physician. Afterwards you may gently wash area of wound and apply fresh dressing until sutures are removed.

▪ **Crutches:**

20# Weight bearing with foot flat walking pattern x 3 weeks, then progress to FWB as tolerated

▪ **Hip brace:**

Wear hip brace while ambulating x 2 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 once incisions have healed or when cleared by physician.

▪ **Running:**

Wait until 3 months before beginning running progression or until cleared by physician.

PHASE I: WEEKS 0-3

Goals:

Protect repair

Avoid hip flexor irritation (no sitting 90 deg hip flexion, 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 x 2 weeks

20# Weight bearing with foot flat gait pattern x 3 week

ROM restrictions x 3 weeks (abduction to 45 deg, no extension >0, no ER)

A theraband circle around the feet can reduce ER past neutral at rest

Initial exercises:

Stationary bike (no resistance, seat high, no recumbent bike)

Log rolls

Hip circumductions

Soft tissue mobilizations

Seated or long sitting hamstring stretch

Isometrics (focus on TA/obliques/multifidi prior to all. Also special focus on gluteals and abductors)

Prone lying 2-3 hours a day

Week 2 exercises:

Continue all week 1 exercises

Quadruped cat and camel

Standing abduction with IR

Quadruped rockback (with slight posterior pelvic tilt)

Quadruped hip extensions (within motion limitations, being careful when approaching full ext in the presence of core weakness)

Quadruped bird dogs (if demonstrating appropriate muscle firing patterns)

Week 3 exercises:

Continue all week 1 and 2 exercises

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

Physician clearance

PHASE II : WEEKS 3-6

Goals:

Protect repair

Wean from crutches

Normalize gait pattern

Initiate closed chain and weight shift exercises

Continue with phase 1 exercises as appropriate

Week 4 exercises:

Wean from crutches

Stationary bike (no resistance, seat high, no recumbent bike)

Double leg bridges with abduction

½ Kneeling weight shifts

½ Kneeling single arm row/single arm extension (with sport cord or theraband)

Standing hip abduction isometrics (against wall or foam roller)

Hip hikes (off edge of step)

Week 5 exercises:

Sidelying clam shells (pain free ROM, add/progress TB resistance according to firing pattern)

Standing lateral and forward/backward weight shifts

Single leg stance and balance progression

Quadruped fire hydrant

½ Kneeling upper body lifts/chops with sport cord (no torso or hip rotation)

Double leg ¼ squats

Forward step-ups

Week 6 exercises:

Forward shift to romanian dead lift

Modified prone plank (knees to elbows)

Therapy ball hamstring curls

Side step-ups

Split lunge

Y balance reaching

Criteria to progress:

Discontinued use of crutches and no gait deviations

Minimal pain following activities

Physician clearance

PHASE III : 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:

- Continue all appropriate exercises from phase II (PT will instruct)
- Bridge with alternating knee extensions (progress to SL bridge when appropriate)
- 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 ¼ 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

Criteria to progress:

- No pain with ADLS
- Normal gait pattern

Patients returning to sport activities must pass “SPORT TEST” before progressing to phase IV

PHASE IV : 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 plyos (i.E., Broad jumps, 4-square hops, a and d skips)

Sport specific exercises

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

- Z and w cuts

- Cariocas

- Transition to single leg plyos

Maintenance program for strength, endurance, and proprioception

HIP ARTHROSCOPY WITH MICRO FRACTURE PROTOCOL

Overview:

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Hip brace x 2 weeks

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20# Weight bearing x 6 weeks (with foot flat WB pattern when walking!)

ROM restrictions x 3 weeks (abduction to 45 deg, no extension >0, no ER)

No treadmill use x 12 weeks

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▪ **Phase I:**

Hip brace with ambulation x 2 weeks, 20# weight bearing with foot flat pattern during walking x 6 weeks, 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:**

Wean from crutches, normalize gait pattern, restore full AROM and PROM gradually, initiate closed chain exercises and weight shifting exercises

▪ **Phase III:**

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

Patients returning to sport activities must pass "SPORT TEST" before progressing to phase iV

- **Phase iV:**

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

- **Home Program:**

Continue through 1 year

Progression of Activities:

- **Showering/Bathing:**

Wait until first post-operative appointment with physician. Afterwards you may gently wash area of wound and apply fresh dressing until sutures are removed.

- **Crutches:**

20# Weight bearing with foot flat walking pattern x 6 weeks, then progress to FWB as tolerated

- **Hip Brace:**

Wear hip brace while ambulating x 2 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 once incisions have healed or when cleared by physician.

- **Running:**

Wait until 3 months before beginning running progression or until cleared by physician.

PHASE I: WEEKS 0-6

Goals:

Protect repair

AVOID HIP FLEXOR IRRITATION (no sitting 90 deg hip flexion, 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 x 2 weeks

20# Weight bearing with foot flat gait pattern x 6 weeks

ROM restrictions x 3 weeks (abduction to 45 deg, no extension >0, no ER)

A theraband circle around the feet can reduce ER past neutral at rest

Initial exercises:

Stationary bike (no resistance, seat high, no recumbent bike)

Log rolls

Hip circumductions

Soft tissue mobilizations

Seated or long sitting hamstring stretch

Isometrics (focus on TA/obliques/multifidi prior to all. Also special focus on gluteals and abductors)

Prone lying 2-3 hours a day

Week 2 exercises:

Continue all week 1 exercises

Quadruped cat and camel

Standing abduction with IR
Quadruped rockback (with slight posterior pelvic tilt)
Quadruped hip extensions (within motion limitations, being careful when approaching full ext in the presence of core weakness)
Quadruped bird dogs (if demonstrating appropriate muscle firing patterns)

Week 3 exercises:

Continue all week 1 and 2 exercises
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
Physician clearance

PHASE II : WEEKS 7-9

GOALS:

Protect repair
Wean from crutches
Normalize gait pattern
Initiate closed chain and weight shift exercises
Continue with Phase 1 exercises as appropriate

WEEK 7 EXERCISES:

Wean from crutches
Stationary bike (no resistance, seat high, NO RECUMBENT BIKE)
Double leg bridges with abduction
½ kneeling weight shifts
½ kneeling single arm row/single arm extension (with sport cord or Theraband)
Standing hip abduction isometrics (against wall or foam roller)
Hip Hikes (off edge of step)

WEEK 8 EXERCISES:

Sidelying clam shells (pain free ROM, add/progress TB resistance according to firing pattern)
Standing lateral and forward/backward weight shifts
Single leg stance and balance progression
Quadruped Fire hydrant
½ kneeling upper body lifts/chops with sport cord (NO torso or hip rotation)
Double leg ¼ squats
Forward Step-ups

WEEK 9 EXERCISES:

Forward shift to Romanian Dead Lift
Modified prone plank (knees to elbows)
Therapy ball hamstring curls
Side Step-ups
Split Lunge
Y Balance Reaching

CRITERIA TO PROGRESS:

ROM equal to contralateral side
Discontinued use of crutches and no gait deviations
Minimal pain following activities
Physician Clearance

PHASE III : WEEKS 10-15

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

CRITERIA TO PROGRESS:

No pain with ADLS

Normal Gait Pattern

**Patients returning to sport activities must pass
“Spot Test” before progressing to Phase IV**

EXERCISES:

Physician clearance

Continue all appropriate exercises from Phase II (PT will instruct)

Bridge with alternating knee extensions (progress to SL Bridge when appropriate)

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 ¼ 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

PHASE IV : MONTHS 4-6

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 Plyos (i.e., broad jumps, 4-square hops, A and D skips)

Sport Specific Exercises

Begin advanced/multi directional agilities (not before WEEK 16)

Z and W cuts

Cariocas

Transition to single leg plyos

Maintenance program for strength, endurance, and proprioception