

**HIP ARTHROSCOPY - LABRAL DEBRIDEMENT OR REPAIR
 FEMORAL OSTEOCHONDROPLASTY ACETABULOPLASTY
 PARTIAL ILIOPSOAS RELEASE
 REHABILITATION PROTOCOL**

GENERAL GOALS:

- Non-antalgic gait (No pain with ambulation)
- Increase passive ROM of the affected hip
- Compliance with instructed weight bearing
- No pain at rest
- Modalities PRN
- Home therapy education
- Soft tissue manipulation around portal sites once healed (after week 2)
- AVOID THE FOLLOWING:
 - Excessive external rotation, Exercises beyond fatigue/pain, Strenuous hip flexion (e.g. straight leg raises), Greater trochanteric bursitis, Sacroiliitis, Hip flexor tendonitis

GUIDELINES (WEEKS 0-2)

- Partial weight bearing (50%) with crutches
- CPM 4hrs/day (can lower to 2 hours/day if on stationary bike at least 20 minutes/day)
- Stationary bike 20 minutes/day; can increase to 2x/day if patient able to tolerate
- Passive ROM exercises of affected hip
- Supine log rolling
- Iliopsoas stretching (AVOID EXCESSIVE EXTENSION!)
- Stool rotations (Hip AAROM ER/IR)
- Modalities as needed
- Hip isometric exercises
 - NO FLEXION EXERCISES, ABDUCTION, ADDUCTION, EXTENSION, ER

GUIDELINES (WEEKS 2-4)

- Include all regimens from weeks 0-2 may advance weight bearing to full weight bearing as tolerated by the patient
- Wean off crutches over 1-2 weeks. Do not advance or remove crutches if patient still ambulates with an antalgic gait
- Increase ROM exercises
- Gluteal and piriformis stretching
- Core strengthening (AVOID iliopsoas tendonitis)
- Step downs
- Scar massage at portal sites

- Treadmill side stepping from level surface holding on to side rail (WEEK 4)
- May begin aqua therapy in low end water at WEEK 4 once portal sites are healed
 - NO SWIMMING/TREADING
- Clam shells
 - Isometric side-lying hip abduction
- Bike/Elliptical (may start elliptical at weeks 3-4)
- Proprioception training (start on week 4)
 - Balance boards, single leg stance
- Continue with isometrics EXCEPT flexion
 - May begin isometric sub maximum pain free hip flexion at 4 weeks

GUIDELINES (WEEKS 4-8) INCLUDE ALL THERAPY REGIMENS FROM WEEKS 0-4

- Increase ROM
- Hip flexor and IT band stretching
- LOWER EXTREMITY STRENGTHENING
 - Hip flexor isometric exercises
 - Leg press (avoid deep flexion)
- Knee flexion and extension isokinetics
- Core strengthening: PLANKS
- LE proprioception exercises (Avoid torsion)
- Hip hiking on stairmaster

GUIDELINES (WEEKS 8-12) INCLUDE ALL THERAPY REGIMENS FROM WEEKS 4-8

- Hip endurance activities
- Dynamic proprioception exercises
- Increase LE strengthening
- Continue to improve HIP ROM

GUIDELINES (WEEKS 12-16) ALL OF THE ABOVE

- Continue LE strengthening
- Sport-specific drills
- May begin treadmill running
- Plyometrics
- **CRITERIA FOR DISCHARGE**
- Step down test
- Pain free or at a manageable level of discomfort
 - Biodex testing- Quads and hamstrings within 15% of unaffected side
 - Single leg cross-over triple hop for distance - < 85% of normal side considered abnormal