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Hip, Knee, Shoulder &amp; Sports Medicine Surgery

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**HIP ARTHROSCOPY REHABILITATION PROTOCOL**

Phase	Specifics	Therapeutic Exercises
<p>Phase 1: Weeks 0-6</p> <p>Phase one is to maintain range of motion with minimizing joint inflammation. Muscle activation focuses on rehabilitating the gluteus maximus, gluteus medius, gluteus minimus, and quadriceps. Activation of the tensor fasciae latae (TFL), adductor longus, and iliopsoas should be avoided. As ROM increases, one should not push through pain especially if the pain is pinching groin pain.</p>	<p>Goals:</p> <ol style="list-style-type: none"> <li>1. Early protected ROM</li> <li>2. Decrease soreness and swelling</li> <li>3. Fluid mobilization</li> <li>4. Protected weight-bearing x4 weeks (TDWB)</li> <li>5. Hip brace while ambulating x3 weeks</li> <li>6. Normal gait prior to graduation to phase 2</li> </ol> <p>Restrictions:</p> <ol style="list-style-type: none"> <li>1. NO flexion greater than 90 degrees x3 weeks</li> <li>2. No external rotation past 15 degrees x3 weeks</li> <li>3. Extension to neutral x3 weeks</li> <li>4. Abduction to 40 degrees x3 weeks</li> </ol> <p>Daily Stretches:</p> <ol style="list-style-type: none"> <li>1. Soft tissue mobilization</li> <li>2. Lie on non-op side, flex hip to 45 degrees and adduct the knee to stretch the piriformis</li> <li>3. Lie prone with the knee flexed until a stretch is felt in the rectus femoris</li> <li>4. Quadruped Rocking (Cat/Camel)</li> <li>5. Thomas stretch to start at week 3</li> </ol>	<p>-CPM begin 0-60 degrees, and increase 10 degrees each week to end at 90 degrees</p> <p>-Scar massage</p> <p>-TDWB to begin, then transition to 50% weight bearing at week 3, with crutch wean at week 4</p> <p>-Passive range of motion with complete relaxation of adductor, iliopsoas, and TFL</p> <p>-At home partner assisted ROM is encouraged 2x/day for 15 minutes each:</p> <ul style="list-style-type: none"> <li>• 5 minutes of clockwise circumduction with the hip flexed to 30 degrees</li> <li>• 5 minutes of counterclockwise circumduction with the hip flexed to 30 degrees</li> <li>• 5 minutes of log rolls with the hip in full extension</li> </ul> <p>-Therapy assisted ROM: 10 minutes of clockwise and counterclockwise circumduction at 70 degrees of flexion</p> <p>-Straight leg distraction daily</p> <p>-Strengthening:</p> <ul style="list-style-type: none"> <li>• Quad sets, glute sets, transverse abdominus to be done with the therapist and at home 2x/day starting week 2</li> <li>• Weight transfer to operative extremity without dropping the pelvis:               <ul style="list-style-type: none"> <li>Week 1: 50% Weight Transfer</li> <li>Week 2: 75% Weight Transfer</li> <li>Week 3: 100% Weight Transfer</li> </ul> </li> <li>• Gluteus Maximus supine hip extensions               <ul style="list-style-type: none"> <li>Week 1-2: two feet on the table</li> <li>Week 3: transition to single leg</li> </ul> </li> <li>• Open Chain Exercises: clam shells, standing abduction without pelvic drop</li> </ul>

		-Aquatic Therapy: <ul style="list-style-type: none"> <li>• Antegrade normal heel to toe gait x15 minutes</li> <li>• Focus on normal gait without pelvic drop: Week 1: Water should be chest high Week 2: Water should be mid-abdomen Week 2: Begin walking backwards with hip extension to neutral</li> <li>• Closed chain: short squats to 30 degrees</li> <li>• Open chain abduction: focus on isolating hip abductors (3 sets of 20 each leg)</li> </ul>
Phase 2: Weeks 6-12  Phase 2 should focus on continued manual therapy to include soft tissue and joint mobilizations to treat patient specific range of motion limitations and joint tightness. Soft tissue mobilization should continue to address stiffness at surgical sites and pinching in the anterior hip	-No brace is necessary -Address lumbar and/or pelvis dysfunction -Restore range of motion -Increase strengthening	-Lateral belt hip distraction: Knee at 90 degrees with belt around therapist and patient's proximal thigh -Lateral distraction by therapist -Inline distraction daily BID -Range of motion: -Quadratus Lumborum Stretches -Rectus Femoris Stretching -Rotation of Trunk of Single Leg Stance -Cardiovascular Rehab and Core Strengthening -Lateral Lunges -Short Squats -Psoas Strengthening -Planking: standard & side -Side-lying abduction
Phase 3: Months 3-8  Goals: Full range of motion, minimal pain, begin muscular activation and strengthening, protect the repair, progression of functional activities, advanced sport and recreational activity per surgeon	-NO heavy weightlifting until week 16  <b>Criteria for Discharge:</b> -<10% strength deficit -Limb similarity index of 90% or greater -45/50 on biomechanical functional tests (if performed) -NO pain or complaints of instability	-Single Knee Bend -Side-to-side hip with control -Monster Walking -Biking -Running Progression: Begin with 1 minute interval and increase as tolerated -Ballistic Exercises -Box Jump -Diagonal Jump -Dynamic Hop with Rotation -Continue Aquatic Therapy as indicated