

HIP ARTHROSCOPY PROTOCOL POST OPERATION - REHABILITATION

Exercise	Week	Pre-Op	1	2	3	4	5	6-8	8-10	10-12	12+	16+
Active Range of Movement (pain-free)												
Ankle - dorsiflexion & plantarflexion												
Hip – heel slides, BKFA, 4 pt kneel flex, prone int rotation												
Gait Re-education												
Heel/toe and good pelvic alignment												
Stretching (pain-free)												
Hip flexors, gluteal muscles, hamstrings, adductors												
Core												
TrAb setting, relaxed breathing												
Level 1 pilates –hip twist, heel slides, scissors, clam												
4 point kneel with leg/arm extension												
Planks (side, forwards, rotating)												
Abdominal curls, mini crunches, Russian twists												
Strength/Control/Functional												
Isometric glutes – static bridge												
Isometric quads (SQ's, SLR. IRQ), adductors												
Isometric hamstrings (static bridge, heel digs)												
Side lying abduction												
Bridging – single leg												
Squats, wall, free weights, unstable surface												
Single leg squats												
Static lunges												
Dynamic lunges												

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Dynamic/Power/Plyometrics												
Lunges – jump lunges with resistance												
Hopping – on/off box/trampette												
Box jumps – bounding												
Cardiovascular Exercise												
Walk												
Stationary bike												
Stepper/cross trainer												
Rower (only if flexion into this range is pain free)												
Jog												
Swimming – walking in water (wounds clean)												
Swimming – aqua jogging (wounds clean)												
Swimming (wounds clean/no breast stroke for 8/52)												
Sport – non-contact												
Sport – contact												
Manual Therapy – as required												
Soft tissue mobilization and scar massage												
Physiological mobs												
Accessory mobs (no distraction for 6-8 weeks)												

Rehabilitation Goals

Weeks 1 – 6

- Patient education regarding rehabilitation and expectations
- Initiate manual therapy
- Gait re-education – return to full weight bearing and initiate crutch weaning
- Progress pain-free range of motion and stretching
- Begin core-work
- Full range of movement should be achieved

Weeks 6-12

- Ensure normal gait pattern including use of stairs with reciprocal gait before moving further through rehabilitation
- Promote advanced strengthening and control including dynamic movement and plyometrics
- Before returning to sport, the patient must have: 1) good cardiovascular endurance 2) full range of movement 3) $\geq 80\%$ strength as compared to the other side (hip flexion may be $\geq 70\%$)
- Sports specific drills may be added to the rehabilitation programme
- Begin return to non-contact sport towards the end of this phase

This protocol has been written in collaboration with a Specialist Physiotherapist, taking into account the latest scientific evidence. Thought has also been given to protocols used by other Experts in the field to ensure consistency for patients.

References

1. Stalzer, A., Wahoff, M. & Scanlan, M. (2006). Rehabilitation following hip arthroscopy. Clinics in Sports Medicine; 25(2). Pg 337-357.
2. Distefano, L.J., Blackburn, J.T., Marshall, S.W. & Padua, D.A. (2009). Gluteal Muscle Activation During Common Therapeutic Exercises. Journal of Orthopaedic & Sports Physical Therapy; 39(7). Pg 532-540.