

Orthopedic Associates of Hartford, P.C.
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31 Seymour St #100
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Phone: 860-244-1017, Fax: 860-524-8965
www.oahct.com

Date of Surgery:

Post-Operative Rehabilitation Protocol:

Hip Arthroscopy

Procedure	PROM	WB
Cam Osteoplasty/ Rim Trimming	NO Limits	FFWB x 4-6 wks
Chondroplasty	NO Limits	WBAT
Microfracture	NO Limits	FFWB x 6-8 wk
Labral Repair	Flexion up to 120° abduction up to 45° No external rotation x 17-21 d, Ext to 0 x 1 wk but no ext > 0 x 17-21 d	FFWB x 2 wks
Capsule Plication and Capsule Closure	Flexion up to 120° abduction up to 45° No external rotation x 17-21 d, Ext to 0 x 1 wk but no ext > 0 x 17-21 d	FFWB x 2 wk

PHASE 1: MAXIMUM PROTECTION AND MOBILITY (WEEKS 0-4)

GOALS:

1. Protect the integrity of the repaired tissues
2. Diminish pain and inflammation
3. Restore ROM within the restrictions
4. Prevent Muscular inhibition

Restrictions:

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See Chart

PHASE 1: MAXIMUM PROTECTION AND MOBILITY (continuation)

Treatment Strategies:

1. Ice and compression: as needed in phase 1
2. Nonresistant stationary bicycle: 20 min 1-2 times/d x 6 wk
3. Circumduction (passive ROM): 2 times/d x 2 wk, then daily through 10 wk
4. Laying prone for a minimum of 2 h/d: phases 1 and 2
5. Lymphatic massage/soft tissue: as needed in phases 1 and 2
6. Pain-free gentle muscle stretching
7. Isometrics
8. Active ROM: emphasis on gluteus medius and deep rotators
9. Aquatic pool program
10. Cardiovascular and upper body exercise

Minimum Criteria to Advance:

1. Minimal complaints of pain with all phase 1 exercises
2. Proper muscle firing pattern with all phase 1 exercises
3. Minimal complaints of “pinching” sensation in the hip before 100° of flexion
4. Full Weight bearing is allowed and tolerated

PHASE 2: CONTROLLED STABILITY (WEEKS 4-8)

GOALS:

1. Normalize gait
2. Restore full ROM
3. Improve neuromuscular control, balance, proprioception
4. Initiate functional exercises maintaining core and pelvic stability

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PHASE 2: CONTROLLED STABILITY (continuation)

Precautions:

1. Avoid hip flexors and adductor irritation
2. Avoid joint irritation: too much volume, force, or not enough rest
3. Avoid ballistic or aggressive stretching

Treatment Strategies:

1. Wean off crutches as per weight-bearing guidelines
2. Gait training with emphasis on gluteal firing and core control
3. Nonresistant stationary bicycle until a minimum of 6 wk
4. Circumduction, prone lying, and soft tissue and muscle stretching as before
5. Full passive ROM including ER and extension
6. Active ROM, core stability, weight bearing, and movement preparation exercises
7. Progress aquatic pool program
8. Progress cardiovascular and upper body exercise
9. Initiate functional exercises in late phase 2

Minimum Criteria to Advance:

1. Gait is pain free and normalized
2. Full ROM with mild stiffness into ER
3. No joint inflammation, muscular irritation, or pain
4. Successfully initiated functional exercises without pain and good neuromuscular control

PHASE 3: STRENGTHENING (WEEKS 8-12)

GOALS:

1. Restore muscular strength and endurance
2. Optimized neuromuscular control, balance, proprioception

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3. Restore cardiovascular endurance
4. Progress sport progressions

PHASE 3: STRENGTHENING (continuation)

Precautions:

1. Avoid hip flexor and adductor irritation
2. Avoid joint irritation: to much volume, force, or not enough rest
3. Avoid ballistic or aggressive stretching
4. Avoid contract and high velocity activities

Treatment Strategies:

1. Continue circumduction, prone lying, soft tissue, muscle stretching, gluteal activation, core stabilization, movement prep exercises and aquatic pool program as needed
2. Sport progression or functional activities
3. Cardiovascular fitness
4. Double leg strengthening
5. Single leg strengthening

Minimum Criteria to Advance:

1. Perform all phase 3 exercises pain free and with correct form

PHASE 4: RETURN TO SPORT

GOALS:

1. Restore power and maximize plyometric strength
2. Return to play
3. Independent in maintenance program
4. Understands proper care for the long-term health of the hip

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Precautions:

1. No specific precautions unless noted by the physician

PHASE 4: RETURN TO SPORT (continuation)

Treatment Strategies:

1. Develop a return to sport plan
2. Sport training and conditioning
3. Power, plyometric, performance training

Minimum Criteria to Advance:

1. Cleared by the physician
2. Completed sport training and conditioning
3. Full return to nonrestricted practice

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*** Addendum**

This protocol provides general rehabilitation guidelines following Hip Arthroscopy procedures. It is subject to modification depending on the degree of injury, the type and extent of associated surgical intervention, and your individual progress post-operatively. For any questions, please call my office at 860-244-1017.