Dr. Matthew L. Hansen, MD
*Sports Medicine and Shoulder Specialist*
480.964.2908 • hansensportsdoc.com • OrthoArizona

# THERAPY PROTOCOL FOR HIP ARTHROSCOPY

Including surgery for Femoral Acetabular Impingement (FAI), labrum debridement, labrum repair, labrum reconstruction, osteoplasty, rim trimming, psoas tendon lengthening, and micro-fracture. See separate protocol for hip abductor tendon repair.

Note: While this is intended to be a guide, please tailor progression to the patient's surgical procedure and response to treatment. Therapy may be adapted significantly based on intra-operative findings and individual patient factors.

Please note that the goals following hip arthroscopy are often significantly different that the goals following open hip surgeries such as total joint replacement or fracture surgery. The goals following open surgery generally focus on gait training and return to activities of daily living. Patients undergoing hip arthroscopy are often active and athletic and their goal is to return to sports and related activities.

Therapy starts with standard initial assessments to identify patients' goals and expectations. Many patients return to full activity within 4 to 6 months, however for some cases full recovery can take up to 12 months. The recovery period is very often characterized by "ups and downs," although the patient should note overall improvement as viewed over weeks and months. The diagnosis, the surgery performed, and the patient's pre-operative conditionall play important roles in the post-operative period.

Please emphasize the following principles during the course of the therapy:

- Protection of hip flexor tendon by avoiding active hip flexion for 4 weeks post-op
- Protection of hip capsule by avoidance of hip external rotation and extension for 4 weeks post-op
- Early motion, including CPM, stationary bike, and daily passive circumduction
- Core conditioning
- Proper muscle activation sequence for gait

Advancement ahead of the recommended timeline can often cause regression in the patient's progress and hip flexor tendonitis. This protocol is a general timeline, does not include all possible exercises or activities, and can be accelerated or decelerated according to each individual situation.

This therapy protocol is intended for current patients of Dr. Hansen who are actively under his care.

Dr. Hansen reserves the right to change all or part of this protocol based on individual patient progress or other factors. Please contact our office if you have questions or concerns.

Thank you for your assistance with our shared patient!

Range of motion restrictions for the first 4 weeks to:

- Passive hip flexion as tolerated
- Avoid extension beyond 0$^{o}$ (neutral). This is essential to allow proper healing of the capsule.
- Passive abduction as tolerated
- Passive adduction as tolerated
- Passive internal rotation up to 20° if pain-free
- No external rotation of the hip in either flexion or extension. This is essential to allow proper healing of the capsule.
- No resisted hip flexion exercises or active hip flexion

**1) Phase 1: Initial Phase**

*Goals: Decrease soreness and swelling, gently increase range of motion to tolerance, inhibit further muscle atrophy*

a) Day of surgery:
   i) Isometric glutes, calf pumps
   ii) Cold therapy
   iii) Stationary bike 20 minutes twice daily, no resistance, starting the evening of surgery
      (1) Seat in up/back position to avoid deep flexion and hip impingement
   iv) Weight-bearing restrictions:
      (1) Labrum debridement/repair/reconstruction, iliopsoas lengthening, capsule plication – up to 50% weight-bearing for 4weeks
      (2) Extensive femoral neck osteoplasty – typically 50% weight-bearing for 6 weeks
      (3) Microfracture – toe-touch weight-bearing (up to 20 lbs) for 6 weeks

b) Postoperative days 1-7
   i) PROM only as tolerated
      (1) Flexion to 60$^{o}$
      (2) Abduction to 20$^{o}$
      (3) No combined flexion andinternal rotation
   ii) Ankle pumps, isometrics of glutes/quads/hip stabilizers
   iii) Passive range of motion in all planes with restrictions as noted above
   iv) Closed chain bridging, weight shifts, balancing drills
   v) Open chain standing abduction, adduction, and flexion without resistance

**2) Phase 2: Intermediate Phase**

*Goals: Regain and improve strength, regain normal joint kinematics*

a) Weeks 2-3:
   i) Continue to increase range of motion with gradual sustained end-range stretches (as pain tolerates and within limits noted above)
   ii) Heel slides, hip abductor/adductor isometrics, uninvolved knee to chest
b) Weeks 3-4:
   i) Leg raises in abd/add/ext, kneeling hip flexor stretch, leg press (limited weight)

**3) Phase 3: Advanced Phase**

*Goals: Increase functional strength and endurance*

a) Weeks 4-6:
   i) Normalize gait – eliminate limp (for microfracture)
   ii) Continue flexibility exercises
   iii) Continue progressive strengthening exercises with resistance
      (1) Closed chain exercises as tolerated: multi-plane strength exercises, hamstring curls, knee extensions
      (2) Double 1/3 knee bends, side supports, stationary biking with advancing resistance
b) Weeks 5-6:
   i) Prone int/ext rotation (limited resistance), dyna-disc (single-leg stance), advanced bridging
c) Weeks 6-7:
   i) Single leg cord rotation, side-stepping, single knee bends (lateral step downs)
   ii) Elliptical/stair climber

**4) Phase 4: Return to Sport**

*Most patients will complete therapy between weeks 12-16 in favor of a home program*

a) Weeks 7-9:
   i) Lunges, water bounding/plyometrics, lateral agility, initial agility drills
b) Week 9:
   i) Sport-specific drills
c) Week 16:
   i) Advance running program with surgeon clearance
d) Return to full sport (at earliest week 20) is dictated by successful completion of Physical Therapy and is determined after consultation with the surgeon.

**Guide to advance activity (as tolerated and pending surgeon approval):**

- 3 weeks: sedentary work
- 4-6 weeks: driving automatic car if L hip surgery
- 10-12 weeks: driving if not microfracture or labrum reconstruction
- 4-6 months: initiate jogging program
- 9 months: advance sport-specific activities (cutting, pivoting, jumping), non-contact only
- 12 months: return to full contact sport