



INOVA[®]

Sports Medicine

Dr. Robin West
Dr. Robert Najarian
Dr. Brandon Bryant
Dr. Jeffrey Giuliani

8100 Innovation Park Drive Suite 110, Fairfax, Virginia 22031
1005 N Glebe Road, Suite 410, Arlington, Virginia 22201
22505 Landmark Court, Suite 235, Ashburn, Virginia 20148

Physical Therapy Protocol Following Hip Arthroscopy with Anterior/Anteriolateral Labral Repair

Preoperative Guidelines:

- Restore full AROM
- Teach normal gait as well as NWB/TTWB/FFWB with bilateral axillary crutches
- Fully strengthen hip, knee, and ankle stabilizers
- Educate patient on post-op protocol

Postoperative Guidelines:

Exercise prescription is dependent upon the tissue healing process and individual functional readiness in all stages. If any concerns or complications arise regarding the progress of any patient, physical therapy should contact the surgeon.

- NWB for 2 weeks then may progress to FWBAT
- If psoas release, restricted active hip flexion for 6 weeks
- No hip flexion past 90 degrees for 3 weeks
- No hip extension past neutral for 3 weeks
- No hip external rotation past 20 degrees for 3 weeks

Post-Op Week 0-3 (Phase I):

Goals:

1. Minimize swelling and pain
2. Passive hip flexion to 90 degrees
3. Passive hip extension to neutral
4. Passive hip IR to within normal limits
5. Passive ER to 20 degrees without pain

Exercises:

1. DVT prevention: Ankle pumps, quad sets, glute sets, adductor isometrics, TrA isometrics, ambulation with crutches
2. Prone lying 2 or more hours/day-feet off bed
3. Upright bicycle-no hip flexion past 90 degrees, no pedal clips. Patient should work up to 20 minutes/day 4-6 times a week. One bike session is counted toward 1 hour on the CPM.
4. Therapist PROM of hip within precautions. Soft tissue mobilization as needed.
5. Prone quad stretch with strap, hamstring and gastroc stretches with strap. Gentle hip abduction stretch (no external rotation).

6. Prone hamstring curls with Thera band, prone hip IR with Thera band
7. Prone glute max (on pillows or Bosu): TrA and glute isometrics followed by hip extension to neutral
8. Side lying hip abduction to 30 degrees with 10 degrees IR
9. Short arc quads and long arc quads pain free.
10. When 3 weeks post op and surgical site healed, begin aquatic therapy gait training. Aquatic hip/glute/hamstring strengthening. Deep water step ups/tap downs. Progress as weight bearing progresses on land.

Prone hip IR w/ Theraband



Prone hamstring curl w/ Theraband



Well leg plank



Post-Op Weeks 4-8 (Phase II):

Goals:

1. Minimize swelling and pain
2. Hip Flexion to 110 degrees
3. Hip IR full ROM
4. Hip extension to 10 degrees
5. Hip ER to 30 degrees without pain
6. Hip flexion/extension/abduction strength 5/5
7. Patient to walk FWB with bilateral axillary crutches without limp or increased pain for 30 minutes

Exercises:

1. At 6 weeks post-op, patient should be FWB. Wean crutches 2->1->0. DC crutches only if proper gait. No fast walking
2. Progress upright bike resistance-no pedal clips.
3. Quadruped rocking for hip flexion. External rotation stretches.
4. Begin piriformis, and hip flexor stretches.
5. Soft tissue mobilization and trigger point release as needed
6. Long axis distraction and gentle Mulligan MWM mobilizations if needed
7. Bridging-double leg progressed to single leg.
8. Begin hip flexion strengthening-standing marching, and seated trunk extension for psoas eccentrics
9. Thera band clamshells, Thera band 4 way hip, progressed to monster walks.
10. Standing stool resisted hip IR/ER.
11. Leg press limited weight-double progressed to single leg.
12. Leg press with abductor band.
13. Step ups and tap downs when FWB.
14. Double leg balance activities.

15. Single leg balance progression when FWB.

Quadruped rocking for hip flexion



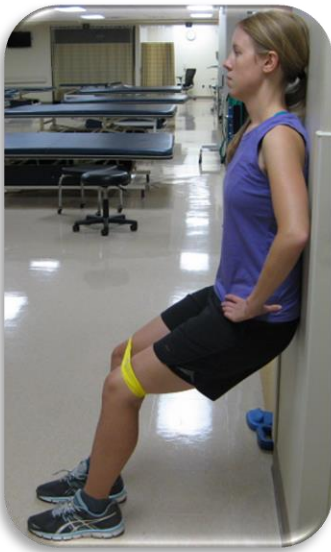
Bridging w/ Theraband abduction



Leg press w/ abduction Theraband



Wall squats w/ abduction Theraband



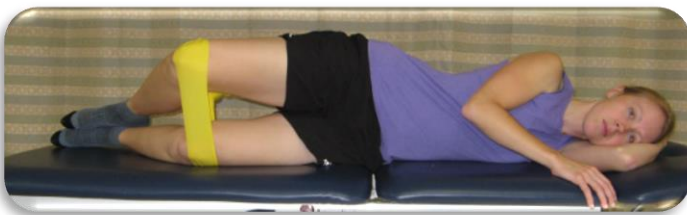
Kneeling psoas stretch



Theraband hip IR and ER



Clamshells with Theraband



Piriformis stretch



Post-Op Weeks 9-12 (Phase III):

Goals:

1. Hip ROM is WNL

2. Hip flexion/abduction/extension strength 5/5
3. Hamstring strength 5/5
4. Patient to walk level surfaces without limp or assistive device for 1 hour without increased pain.
5. Patient to ascend and descend stairs reciprocally with proper trunk and LE mechanics
6. Pt to be able to squat with 150%BW with proper glute activation

Exercises:

1. Continue to progress Phase II exercises.
2. If iliopsoas release, aggressive iliopsoas stretching daily. Continue hip IR/ER stretches daily.
3. Continue to progress ROM, mobilization, hip stabilization, core stabs, and flexibility.
4. Progress to elliptical, and TM walking multi-directions (focus on glute activation).
5. Progress to squatting 150%BW by week 12
6. Step ups and tap downs large step with good trunk and hip control.
7. Begin deep water impact activities-double leg jumps, single leg jumps.
8. Single plane ladder drills, shuttle hops, dot drills.
9. Lunges-progress to trunk rotations with core ball stabilization.
10. Thera band multi-direction monster walks, lawn mowers, windmills, thera band split squats, kneeling chops and lifts.
11. Single leg balance eyes closed with perturbations.

Post-Op Weeks 13-16 (Phase IV):

Goals:

1. Walk 2 miles in 35 minutes without increased pain
2. Jog 1 mile at 75% pace with normal gait without pain or effusion.

Exercises:

1. Walk 2 miles no incline, in 35 minutes
2. Progress to walk/jog intervals.
3. Plyometrics, double leg box jumps in front of mirror without medial knee collapse.
4. Multi-plane agility drills and ladder drills.
5. Job and sport specific drills

Post-Op Months 4-6 (Phase V):

Goals:

1. T-test no instability or pain
2. Single leg 3 hop test 90% of non-operative leg.
3. Run 2 miles at 90% pace with normal gait, without increased pain or effusion.