The Gundersen Health System Sports Medicine Hip Arthroscopy Rehabilitation Program is an evidence-based and soft tissue healing dependent program allowing patients to progress to vocational and sports-related activities as quickly and safely as possible. Individual variations will occur depending on patient response to treatment. Avoid pain when performing ROM and exercises. If microfracture is present, hold all WB activities/exercises until 6-8 weeks and MD approval.

Please contact us at 1-800-362-9567 ext. 58600 if you have questions or concerns.

### Phase I: 0–4 weeks

#### Immediate post-operative phase / Protection and ROM/Mobility

<table>
<thead>
<tr>
<th>Goals</th>
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<tbody>
<tr>
<td>• Protect integrity of repaired tissue</td>
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<tr>
<td>• Restore ROM within restrictions</td>
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<tr>
<td>• Diminish pain and inflammation</td>
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<tr>
<td>• Prevent muscular inhibition</td>
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<tr>
<th>ROM</th>
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<tbody>
<tr>
<td>• Labral repair / Capsule Repair / Osteoplasty / Microfracture: Hip Flexion to tolerance (do not push through pain); minimal ER and extension x 2 weeks; no other limitations</td>
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<tr>
<th>WB</th>
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<tr>
<td>• Labral Repair / Capsule Repair / Osteoplasty: FFWB/PWB (≤20 lbs.) x 2-4 wks; progressing to WBAT and weaning from crutches by 4 weeks</td>
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<tr>
<td>• Microfracture: FFWB/PWB (≤20 lbs.) x 6-8 wks; progressing to WBAT and weaning from crutches by 8 weeks (MD approval)</td>
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<tr>
<th>Modalities</th>
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<tr>
<td>• Cryotherapy</td>
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#### Treatment Recommendations

**Guidelines for progression based on tolerance**

**Criteria for progression to Phase 2:**

- Minimal pain with phase 1 exercise
- Minimal “pinching” with ROM
- Proper muscle firing patterns for initial exercises
- Progress to phase 2 strengthening exercises once full WB is allowed

**Precautions:**

- Do not push through pain
- Maintain ROM restrictions
- Maintain WB restrictions

**Week 1**

- Stationary Bike (no resistance) progress up to 20 minutes (x 6 wks)
- Passive ROM / Circumduction (x 6 wks)
- Isometrics – QS, Glut sets, Transverse Abdominis
- Gentle Stretching – Quad, HS
- Soft Tissue Mobilization/Lymphatic massage (as needed)
- Prone Position/Stomach Stretch (up to 15+ minutes)
- Aquatic Therapy (as needed per MD/PT)

**Week 2**

- Quadruped Rocking (limited WB with microfx)
- Cat/Camel Stretch (limited WB with microfx)
- Hip Flexor Stretch (uninvolved knee to chest)

**Week 3**

- AROM Prone IR/ER, Prone Hip Extension, Prone HS Curl
- AROM Supine hook lying Reverse Butterfly/IR
- Standing Hip Abduction
- Double Leg Bridging

**Week 4**

- AROM Stool Rotations
- AROM Supine hook lying Butterfly/ER
- AROM/AAROM FABER Slides
- Leg Press / Partial Squats
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<th>Phase II: 5-8 weeks</th>
<th>Intermediate / Stability Phase</th>
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</table>
| **Goals**           | • Protect integrity of repaired tissue  
                      • Restore full ROM  
                      • Restore normal gait pattern  
                      • Progressively increase muscle strength, neuromuscular control, balance, proprioception |
| **ROM**             | • Progress to full ROM |
| **WB**              | • Labral Repair / Capsule Repair / Osteoplasty: WBAT – wean from crutches  
                      • Microfracture: FFWB/PWB (≤20 lbs.) x 6-8 wks; progressing to WBAT and weaning from crutches by 8 weeks (MD Approval) |
| **Modalities**      | • Cryotherapy |
| **Treatment **      | **Recommendations** |
| Guidelines for progression based on tolerance | Precautions:  
  o Avoid ballistic or forced stretching  
  o No treadmill  
  o Avoid hip flexor, adductor, or piriformis inflammation  
  o Avoid joint irritation |
| Criteria for progression to Phase 3: | • Week 5  
  • Weight Shifting Forward/Backward, Side/Side  
  • Side Planks  
  • Prone Planks  
  • Single Leg Balance / Stability Exercise  
  • Multi Hip Machine  
  • Prone Resisted Hip Extension  
  • SL Clam (traditional and neutral)  
  • SL Hip Abduction in IR/ER  
  • Prone Heel Squeezes  
  • Advance Bridge Progression and Lumbopelvic Stabilization Exercise (physioball bridge, single leg bridge)  
  • Week 6  
  • Stationary Bike (with resistance) (potential to begin outdoor bike)  
  • Manual Hip Mobilization (as needed)  
  • Single Leg Dead Lift  
  • Step Up / Step Down  
  • Forward / Lateral Lunge  
  • Lateral Shuffles/Walking  
  • Single Leg Partial Squat  
  • Elliptical Runner  
  • Week 7 – 8  
  • Diagonal Agility/Strengthening  
  • Additional Rotational Activity/Strengthening (i.e. – euroglide, y-balance, functional lunge positions, etc.) |
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<th>Phase III 9-12 weeks</th>
<th>Advanced Strengthening Phase</th>
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</table>
| **Goals**            | • Restoration of muscular endurance / strength  
                        • Restoration of cardiovascular endurance  
                        • Optimize neuromuscular control |
| **Modalities**       | • Cryotherapy as needed |
| **Treatment Recommendations** | Precautions:  
                        o Avoid hip flexor, adductor, and piriformis inflammation  
                        o Avoid joint irritation  
                        o Avoid ballistic or forced stretching / strengthening  
                        o No treadmill use  
                        o No contact activities |
| **Criteria for progression to phase 4:** |  
                        • Cardiovascular fitness equal to preinjury level  
                        • Demonstration of initial agility drills with proper body mechanics |
| **Week 9 +**         |  
                        • Continue progression of lumbopelvic stabilization  
                        • Continue progression of functional strengthening  
                        • Sportcord Training |
| **Week 12 +**        |  
                        • Return to Running Program (with MD approval)  
                        • Begin/Progress Agility Drills  
                        - forward / retro run  
                        - carioca, side shuffle  
                        - sport specific movement |
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<tr>
<th>Phase IV 16+ weeks</th>
<th>Sports Specific Training / Return to Sport</th>
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| **Goals** | • Restoration of muscular endurance / strength  
  • Restoration of cardiovascular endurance  
  • Optimize neuromuscular control / balance / proprioception  
  • Return to sport  
  • Independent in maintenance program |
| **Treatment Recommendations** | • Week 16+  
  • Continue strength and conditioning program  
  • Continue Return to Running Program  
  • Continue to progress Agility Drills/Plyometrics  
  • Sport Specific Drills (with MD approval)  
  • Develop return to sports plan |
| **Testing 16 – 24+ wks** | • Functional testing per MD approval |
| **Return to sport/ work guidelines** | • MD approval  
  • Full painfree ROM  
  • Ability to perform all sport specific drills at full speed without pain  
  • Appropriate performance with functional testing |
References


