

Hip Arthroscopy Post-op Rehabilitation Guide Labral Repair / Osteoplasty / Capsule Repair / Microfracture

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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
Goals	<ul style="list-style-type: none"> • Protect integrity of repaired tissue • Restore ROM within restrictions • Diminish pain and inflammation • Prevent muscular inhibition
ROM	<ul style="list-style-type: none"> • 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
WB	<ul style="list-style-type: none"> • Labral Repair / Capsule Repair / Osteoplasty: wk 0-2: FFWB/PWB (≤20 lbs.) wk 2+: WBAT, weaning from crutches by 3- 4 weeks • Microfracture: FFWB/PWB (≤20 lbs.) x 6-8 wks; progressing to WBAT and weaning from crutches by 8 weeks (MD approval)
Brace	<ul style="list-style-type: none"> • Not all patients will use a post-operative brace. • Wk 4: discontinue brace if utilized.
Modalities	<ul style="list-style-type: none"> • Cryotherapy
<p>Treatment Recommendations</p> <p>Guidelines for progression based on tolerance</p> <p>Criteria for progression to Phase 2:</p> <ul style="list-style-type: none"> ○ 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 	<p>Precautions:</p> <ul style="list-style-type: none"> ○ Do not push through pain ○ Maintain ROM and WB restrictions <ul style="list-style-type: none"> • Week 1 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Quadruped Rocking (limited WB with microfx) • Cat/Camel Stretch (limited WB with microfx) • Hip Flexor Stretch (uninvolved knee to chest) • Week 3 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • AROM Stool Rotations • AROM Supine hook lying Butterfly/ER • AROM/AAROM FABER Slides • Leg Press / Partial Squats

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Phase II: 5-8 weeks	Intermediate / Stability Phase
Goals	<ul style="list-style-type: none"> • Protect integrity of repaired tissue • Restore full ROM • Restore normal gait pattern • Progressively increase muscle strength, neuromuscular control, balance, proprioception
ROM	<ul style="list-style-type: none"> • Progress to full ROM
WB	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Cryotherapy
Treatment Recommendations Guidelines for progression based on tolerance Criteria for progression to Phase 3: <ul style="list-style-type: none"> ○ Full range of motion ○ Painfree / normalized gait pattern ○ No joint / muscle irritation/pain ○ Progressing with functional exercise without pain and good neuromuscular control 	Precautions: <ul style="list-style-type: none"> ○ Avoid ballistic or forced stretching ○ No treadmill ○ Avoid hip flexor, adductor, or piriformis inflammation ○ Avoid joint irritation <ul style="list-style-type: none"> • Week 5 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Diagonal Agility/Strengthening • Additional Rotational Activity/Strengthening (i.e. – euroglide, y-balance, functional lunge positions, etc.)

Phase III 9-12 weeks	Advanced Strengthening Phase
Goals	<ul style="list-style-type: none"> • Restoration of muscular endurance / strength • Restoration of cardiovascular endurance • Optimize neuromuscular control
Modalities	<ul style="list-style-type: none"> • Cryotherapy as needed
Treatment Recommendations Criteria for progression to phase 4: <ul style="list-style-type: none"> • Cardiovascular fitness equal to preinjury level • Demonstration of initial agility drills with proper body mechanics 	Precautions: <ul style="list-style-type: none"> ○ Avoid hip flexor, adductor, and piriformis inflammation ○ Avoid joint irritation ○ Avoid ballistic or forced stretching / strengthening ○ No treadmill use ○ No contact activities <ul style="list-style-type: none"> • Week 9 + <ul style="list-style-type: none"> • Continue progression of lumbopelvic stabilization • Continue progression of functional strengthening • Sportcord Training • Week 12 + <ul style="list-style-type: none"> • Return to Running Program (with MD approval) • Begin/Progress Agility Drills <ul style="list-style-type: none"> - forward / retro run - carioca, side shuffle - sport specific movement

Phase IV 16+ weeks	Sports Specific Training / Return to Sport
Goals	<ul style="list-style-type: none"> • Restoration of muscular endurance / strength • Restoration of cardiovascular endurance • Optimize neuromuscular control / balance / proprioception • Return to sport • Independent in maintenance program
Treatment Recommendations	<ul style="list-style-type: none"> • Week 16+ <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Functional testing per MD approval
Return to sport/ work guidelines	<ul style="list-style-type: none"> • MD approval • Full painfree ROM • Ability to perform all sport specific drills at full speed without pain • Appropriate performance with functional testing

References

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