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REHABILITATION GUIDELINES FOR HIP ARTHROSCOPY WITH LABRAL REPAIR AND OSTEOCHONDROPLASTY

PHASE I (0-3 WEEKS)

DATES:

Appointments	Physical therapy 1-2x/week, beginning 2-5 days post-op
Rehabilitation Goals	<ul style="list-style-type: none"> • Protect the post-surgical hip through limited weight bearing • Restore normal hip ROM within ROM restrictions, gentle grade I-III joint mobilizations can be used as needed • Normalize gait • Restore leg control
Precautions	<p>ROM: Avoid hip flexion past 90 degrees, external rotation past 20 degrees, hip extension past neutral, and abduction past 45 degrees for 6 weeks</p> <p>WB:</p> <ul style="list-style-type: none"> • Touch down weight bearing after procedure
Labral Repair Precautions	<ul style="list-style-type: none"> • Use axillary crutches for normal gait. TTWB for 3 weeks. • Avoid exercises that engage the iliopsoas during the first several weeks after surgery. Iliopsoas tendonitis is a known side effect of hip arthroscopy but can be avoided with appropriate post-operative care, including avoiding exercises that have high activity of the iliopsoas (straight leg raises, clam exercises and resisted hip flexion) • Avoid passive unilateral extension for 6 weeks (prone lying and prone on elbows is okay)
Microfracture Precautions	<ul style="list-style-type: none"> • Avoid impact exercises and activities for 12 weeks • Precautions may vary depending on the size and location of the area undergoing the microfracture procedure
Suggested Therapeutic Exercises	<p>At the first postoperative appointment the following activities are appropriate:</p> <ul style="list-style-type: none"> • Quad sets and gluteal sets • Hip IR/ER isometrics • Bridging • Seated knee extension • Prone or prone on elbows stretch • Prone knee flexion • Gentle prone hip internal rotation • Prone heel squeeze • Quadruped rocking to approximately 90° of hip flexion



	<p>Quadruped upper extremity lift • Quadruped cat-camel/cow lumbopelvic ROM • Standing hip abduction • When patient has advanced to WBAT the following are appropriate (2 weeks postoperatively) • Partial squats • Single leg or tandem balance • Gait drills • Sidestepping in partial squat position • Quadruped bird dog</p>
Cardiovascular Exercises	<ul style="list-style-type: none"> • UBE
Progression Criteria	<ul style="list-style-type: none"> • Good leg control at low-velocity movement • Pain free ROM within limits • At least 3 weeks post op (Phase 1 for 6 weeks if microfracture)

PHASE II (3-9 WEEKS)

DATES:

Appointments	Continue physical therapy 1-2x/week
Rehabilitation Goals	<ul style="list-style-type: none"> • Improve muscular strength and endurance • Good control and no pain with sport/work specific movements • Progress WBAT
Precautions	<ul style="list-style-type: none"> • Post-activity soreness should resolve after 24 hours • Continue caution with forceful flexion such as kicking and sprinting <p>ROM: Avoid hip flexion past 90 degrees, external rotation past 20 degrees, hip extension past neutral, and abduction past 45 degrees for 6 weeks</p>
Suggested Therapeutic Exercises	<p>Stationary bike • Gait and functional movement drills in pool once incisions are healed • Standing hip abduction • Split squat or elevated split squat • SPRI band work (avoiding excessive hip flexor work) • Pallof presses in squat or split squat • 1/2 kneeling balance, trunk rotation and pallof press work • Single arm rows in split stance with/without trunk rotation • Hip hinging • RDL • Single leg bridge • Sidebridge or sideplank</p>
Cardiovascular Exercises	<ul style="list-style-type: none"> • Non-impact endurance training; stationary bike, NordicTrack, swimming, deep water run, cross trainer
Progression criteria	<ul style="list-style-type: none"> • Normal gait on all surfaces • Functional movements without unloading affected leg • Be able to complete 10 single leg or split squats and pass or train for y-balance or star excursion balance testing

PHASE III (~9-16 WEEKS)

DATES:



Appointments	Continue physical therapy to 1-2x/week
Rehabilitation Goals	<ul style="list-style-type: none"> • Full ROM • Improve muscular strength and endurance • Good control and no pain with sport/work specific movements, including impact activities
Precautions	<ul style="list-style-type: none"> • Post activity soreness should resolve within 24 hours • Be cautious with forceful hip flexion activities such as kicking and sprinting
Suggested Therapeutic Exercises (Phase III continued)	<ul style="list-style-type: none"> • Multi-planar strength progression, including forward, lateral and diagonal lunges • Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot then progress from single plane drills to multi-plane drills • Dynamic control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities • May use agility ladder • Progress to running program once patient can demonstrate good single leg landing control in a repetitive fashion without pain • Begin sport specific drills once patient demonstrates good control with the impact control and multi-plane exercises and can tolerate running program without pain • Sport/work specific balance and proprioceptive drills • Hip and core strengthening • Stretching for patient specific muscle imbalances
Cardiovascular Exercises	<ul style="list-style-type: none"> • Replicate sport/work specific energy demands
Return to work/sport criteria	<ul style="list-style-type: none"> • Normal gait on all surfaces • Dynamic neuromuscular control without return of pain and swelling • Pass progressive testing including agility, hop, jump, squat tests

Credit to UW Health PT guidelines