Connecticut Orthopaedics

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Hip Arthroscopy
with Core Decompression or Microfracture
Post-Operative Protocol

Phase I – Maximum Protection
Weeks 0 to 6:

- Toe-touch weightbearing for 6 weeks
- Lie on stomach 2 or more hours per day
- CPM 4-6 hours per day x 6 weeks

Manual therapy
- Scar mobilization once incisions are closed
- STM to quad, ITB, hip flexors, glutes, hip adductors/abductors/rotators

Exercise progression (POD 1 to 7)
- Stationary bike with no resistance: immediately as tolerated
- Glute, quadriceps, hamstring isometrics, abduction, adduction (2x per day): immediately as tolerated

Exercise progression (POD 8 to 21)
- Hip isometrics IR/ER (2x/day)
- Initiate basic core: pelvic tilting, TVA and breathing re-education

Exercise progression (POD 21 to Week 6)
- Non-weightbearing strength during this phase
- Standing abduction/adduction/extension/flexion - full weightbearing on uninvolved side only
- Supine dead bug series
- Introduce basic core program
- Sidelying hip abduction
- Quadruped hip extension series
- Week 5: may begin quadruped rocking for flexion range of motion

Criteria for progression to Phase 2:

- Mobility within limitations
- Early restoration of neuromuscular control and non-weight bearing strengthening
- Normal patellar mobility

Phase II – Progressive Stretching and Early Strengthening
Weeks 6 to 9:

Goals
- Wean off crutches (over 7 to 10 days)
- Normal gait
- Normal single limb stance
- Full range of motion
- Improve lower extremity muscle activation, strength and endurance

Manual therapy
- Scar mobilization
- STM to quad, ITB, hip flexors, glutes, hip adductors/abductors/rotators
- Continue work on range of motion (FABER, flexion, abduction, IR, ER)

Exercise progression (as tolerated)

- Bridging double and single
- Supine dead bug series
- Sidelying hip abduction
- Quadruped hip extension series
- Standing open and closed chain multi-plane hip
- Standing internal/external rotation strengthening (use stool)
- Step-up progression
- Squat progression
- Heel raises
- Stationary biking
- Deep water pool program when incisions are completely healed
- Stretching: quadriceps, piriformis and hamstrings

Criteria for Progression to Phase 3:

- Hip abduction strength 4/5
- Flexion, ER and IR range of motion within normal limits
- 50% FABER range of motion compared to uninvolved side
- Normal gait
- No Trendelenberg with single leg stance/descending stairs
- Normal bilateral squat

Phase III – Advanced Strengthening and Endurance Training

Weeks 9 to 16:

Please do not discharge patient prior to 3 months without approval from Dr. Wolf

Manual therapy

- STM as needed - particularly glutes, adductors, hip flexors, abductors
- Gentle joint mobilizations as needed for patients lacking ER or FABER range of motion
- May begin trigger point dry needling for glutes, quads, adductors
- Assess FMA and begin to address movement dysfunctions

Exercise progression

- Continue with muscle activation series (quadruped or straight leg series)
- Introduce movement series to increase proprioception, balance, and functional flexibility
- Progress core program as appropriate
- Advanced glute and posterior chain strengthening
- Leg press and leg curl
- Squat progression (double to single leg - add load as tolerated)
- Lunge progression
- Step-up progression
- Walking program
- Week 9
  - Outdoor biking
  - Swimming: breast stroke kick
  - Shallow water pool running program - 75% unloaded

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Criteria for progression to Phase 4:

- 12 weeks post-op
- Hip abduction and extension strength 5/5
- Single leg squat symmetrical with uninvolved side
- Full range of motion
- No impingement with range of motion

Phase IV – Return to Sport Program

Weeks 16 to 24:

- May begin elliptical and stair climber at 16 weeks
- May begin return to run program if phase 4 criteria are met

  Exercise progression
  - Maintain muscle activation series, trunk, hip and lower extremity strength and flexibility program
  - Introduce and progress plyometric program
  - Begin ladder drills and multidirectional movement
  - Begin interval running program
  - Field/court sports specific drills in controlled environment
  - Pass sports test
  - Non-contact drills and scrimmaging – must have passed sports test - refer to specific return to sport program
  - Return to full activity – per physician and therapist

Revised 8/2016