Tel: 801.587.7109 Fax: 801.587.7112

Rehabilitation for Arthroscopic Osteochondroplasty with Labral Repair

General Guidelines:

- Normalize gait pattern with crutches
- Continuous Passive Motion Machine
 - 4 hours/day or 1 hour if on stationary bike for 2 bouts of 20-30 minutes if tolerated

Frequency of Physical Therapy:

- Seen post-op Day 10-14, ideally
- Seen 1-2x/week for 6 weeks
- Seen 1-2x/week for 6 weeks
- Seen 1-2x/week for 6 weeks (if needed)

Precautions following Hip Arthroscopy:

- Weight-bearing as tolerated. Avoid antalgic gait.
- Hip flexor tendinopathy due to repetitive active hip flexion
- Greater trochanteric pain
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on passive flexion (No resisted hip flexion exercises for first 4 weeks) No hip extension stretching x 12 weeks
 - No active IR, or passive ER greater than 10 degrees (12 weeks)
 - NO HIP MOBS FOR 12 WEEKS POST OP

Tel: 801.587.7109 Fax: 801.587.7112

NO HIP EXTENSION OR ER STRETCHING X 12 WEEKS

Guidelines:

- Weeks 0-4
 - CPM for 4 hours/day, first 10-14 days
 - Bike for 20-30 minutes/day (can be 2x/day) as tolerated
 - Scar massage
 - Hip PROM
 - Hip flexion as tolerated, abduction as tolerated
 - Log roll (Limit ER to 10 degrees with hip in neutral)
 - No active IR
 - No passive ER in 90/90 position past 10 degrees (12 weeks)
 - Quadruped rocking for hip flexion
 - Gait training WBAT with assistive device, WB <u>restrictions based on pain only</u>. Patient may extend hip with walking for normal gait. AVOID TRYING TO INCREASE HIP EXTENSION THROUGH STRETCHING
 - Hip isometrics -
 - Extension (limit to neutral), abduction, adduction, ER. No resisted hip flexion
 - Hamstring mobility, Foam Roller okay, limit hip extension to neutral when doing

Tel: 801.587.7109 Fax: 801.587.7112

- Pelvic tilts, bridges, ½ planks if tolerated
- NMES to quads with SAQ
- Modalities

Weeks 4-6

- Continue to progress previous Ther-Ex
- Goal of normal gait
- Supine bridges, ½ planks (pain dependent), hip hikes, etc. Goal is pelvic control.
- May begin short arc, closed chain strength for LE. Step ups, Mini squats, mini lunge, leg press, hip hinge, etc. Watch for weight shift/compensatory motion. Limit weight/load to 45 pounds for 12 weeks
- Spinal stability strengthening (avoid hip flexor tendinopathy)
- Upper body lifts seated or lying down, no weight restrictions.
- Scar massage
- Aqua therapy in low end of water
- Single leg balance as tolerated, multi-directions okay (Star balance)

Weeks 6-8

- Continue with previous Ther-Ex
- Progress with ROM, goal of full ROM, pain-free by 14-16 weeks.
 Patient may feel tightness with extension and ER. DO NOT PUSH THESE MOTIONS

Tel: 801.587.7109 Fax: 801.587.7112

- Continue spinal strength and stability exercises (avoid hip flexor tendonitis).
- Glute strength and lumbar extensor strength
- Continue to progress arc with closed chain strength for LE. Step ups,
 Mini squats, stationary lunge, hip hinge, leg press, etc.

Weeks 8-12

- Progress previous Ther-Ex
- Progressive hip ROM.
- Progress strengthening LE
 - Hip strength and endurance. Focus glutes and quads CKC
 - Leg press (single leg eccentrics okay at this time)
 - Continue CKC strength progressing to full arc. May introduce lateral CKC strength as tolerated, no pivoting on hip.
- May begin increasing to significant resistance on bike. Hills okay.
- Elliptical, minimal resistance

Weeks 12 +

- Impact activities okay at this time
- Progressive LE and core strengthening. May begin linear progression for untrained individuals. No weight restrictions after 12 weeks.
- May begin stretching of anterior capsule at this time
- Hip extension stretch, butterfly stretch
- Endurance activities

Tel: 801.587.7109 Fax: 801.587.7112

- Dynamic balance activities
- Treadmill running program
- Sport specific agility drills and plyometrics
- Triple extension exercises and Olympic lifts okay at this time.

• 3-6 months Re-Evaluate (Criteria for discharge)

- Hip Outcome Score
- Pain free or at least a manageable level of discomfort
- Able to deadlift weight equal to body weight (Hex bar okay)
- NO OPEN CHAIN BIODEX TESTING
- Single leg crossover hop
- Figure 8 run

Hip will continue to improve for 18 - 24 months. If there are any issues in the future, feel free to contact 801-587-1473 (Mark)