

**Travis G. Maak, MD
Sports Medicine
University of Utah Orthopaedics
590 Wakara Way
Salt Lake City, UT 84108**

Tel: 801.587.7109 Fax: 801.587.7112

**Rehabilitation for Arthroscopic Osteochondroplasty with Labral Repair and
Autograft Cartilage Transplant**

General Guidelines:

- TTWB with crutches
- Motion
 - 4 hours/day if given CPM 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:

- TTWB x 6 weeks
- Hip flexor tendinopathy
- Greater trochanteric pain
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion (No resisted hip flexion exercises for first 4 weeks)
 - No active IR, or passive ER greater than 10 degrees (12 weeks specific to ER)

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- NO HIP MOBS FOR 12 WEEKS POST OP
- NO HIP EXTENSION STRETCHING X 12 WEEKS POST OP. MAY EXTEND HIP WITH WALKING ONLY

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 – May increase time and frequency based on symptoms
- Scar massage when healed
- Hip PROM
 - Hip flexion 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)
- TTWB
- Hip isometrics OKC -
 - Extension (limit to neutral), abduction, adduction. No resisted hip flexion
- Hamstring mobility, Foam Roller okay, limit hip extension to neutral
- ½ planks if tolerated
- NMES to quads with SAQ

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- Modalities

- **Weeks 4-6**
 - Continue to progress previous Ther-Ex
 - FWB after 6 weeks
 - Pelvic tilts, ½ planks (pain dependent), hip hikes, etc. Goal is pelvic control.
 - Isotonic adduction
 - Upper body lifts seated or lying down, no weight restrictions.
 - Scar massage
 - Aqua therapy in low end of water

- **Weeks 6-8**
 - Continue with previous Ther-Ex
 - Discontinue crutch use
 - 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
 - Progress with ROM, goal of full ROM, pain-free by 8 weeks. Patient may feel subjective tightness with extension and ER
 - Continue spinal strength and stability exercises (avoid hip flexor tendonitis).
 - Glute strength and lumbar extensor strength

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- 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
 - Progress strengthening LE
 - Hip strength and endurance.
 - 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.
 - Progress biking as tolerated
 - 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.
 - Endurance activities
 - 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

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- 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)