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## ROUTINE HIP ARTHROSCOPY PROTOCOL

(Labral Debridement, chondroplasty, synovectomy, loose body removal, ligamentum teres debridement)

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be released from the hospital the same day as surgery
- Surgical dressing should be removed 2 days post op at home or in Physical Therapy.
- Patient will be weight bearing as tolerated, using crutches to promote normal gait pattern. Crutches may be discontinued at 10 to 14 days, if gait is approaching a normal pattern and is without pain.
- Begin outpatient physical therapy 2-3 days post op.
- Stationary cycling may begin 5-7 days post op as symptoms allow. Seat should be elevated to a comfortable level to avoid forced hip flexion. Focus on low resistance and a smooth range of motion without substitution.
- Patient may shower at 3 days post op, but soaking in a tub should be avoided until scope wounds are healed and swelling is controlled, as determined by the physician.
- Aquatics program may be initiated after scope wounds are healed, usually 3-4 weeks post op. The physician or therapist will determine this.
- The rehab program will proceed cautiously for the first 2-3 months, after which functional progression will be determined by patient's tolerance to the exercises and general activity. Those patients whose procedures which include removal of loose bodies, simple labral debridement or torn ligamentum teres may be ready to begin functional progression at 2 months. If more extensive articular damage or a more fragile labrum is noted, functional progression at 3 months may be more appropriate.
- Patients may feel like they are doing better than they really are at approximately one month post op, so they should still be reminded to be cautious in order to avoid symptoms of overdoing their activity. Controlled activity level will lessen the risk of a setback. **Time and patience are of the utmost importance in the recovery process.**

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## PHASE 1: INITIAL PHASE

### Week 1

- Ankle Pumps, Glut Sets, Quad Sets
- Isometric hip adduction with knees extended
- Pelvic tilt, facilitate abdominal and gluteal mm
- Heel slides, active or active-assisted, may use strap if more comfortable
- Trunk rotation in hooklying
- Double leg bridges
- Stationary bike without resistance for ROM at \_\_\_ to \_\_\_ days, 7-10 min
- Upper body strengthening, UBE
- Gentle hip mobilization by PT, grades 1 or 2 as tolerated.

### Week 2

Continue with previous exercises, but may add:

- Standing or supine abduction
- Hamstring Isometrics
- Hamstring Stretching in supine with a strap
- Standing weight shifts
- Standing heel lifts
- ¼ Mini squats

### Week 3

Continue with previous exercises, but may add:

- Progress hip mobilization to grades 3-4, as tolerated
- Progress from double leg to single leg bridges (if no hip pain)
- Sidelying clamshells in a pain free short range
- Progress with OKC active ROM in all planes
- Progress to hamstring and hip flexor/quad stretches
- Forward walking over cups and small hurdles, pause on involved leg for balance facilitation
- Lateral walking over cups and small hurdles, pause on involved leg for balance facilitation
- Side lying, adduction
- Single leg press vs sports cord or theraband, short range
- Begin aquatic exercises (march steps, ROM, walking, lateral steps, backward walking, mini squats)
- May begin supine spine stability exercises

**If patient has good ROM, minimal discomfort with Phase 1 exercises and can ambulate with a normal gait pattern without external support, it is acceptable to progress to Phase 2.**

## **PHASE 2: INTERMEDIATE PHASE**

Week 4-5

Continue with previous or modified versions of previous exercises, but may add:

- Single leg balance, progressing from firm to soft surface, static to dynamic
- Lateral stepping with resistance of theraband, sports cord or light pulley weight pausing on the involved side for balance effect
- Forward and backward walking with resistance of theraband, sports cord or light pulley weight, pausing on the involved side for balance effect
- Sidelying clamshells with theraband or light ankle weights
- Progress resistance with stationary cycle, very gradually
- Begin elliptical machine
- Progress aquatic exercise to include flutter kick swimming and 4 way hip ex

Week 6

- Progress to leg press, gradually progressing from short range to 70-90 degree knee angle if no PF problems and progress weight as tolerated

## **PHASE 3 ADVANCED PHASE**

Week 7-8

If patient tolerates all Phase 2 exercises with no problems, progress to:

- Lateral step ups, with focus on eccentric phase, beginning with 2 inch and progressing to 4 or 6 inch
- Combine lateral hurdle steps vs. resistance of sport cord, theraband or pulley weight. Increase speed as tolerated. May add ball toss or 3D UE movements.
- Lunge steps. Progress from small to large and from single plane to 3D or multi-plane, including rotation. May add medicine ball or weights for resistance. Protect PF joint.
- Single leg squats. Progress intensity by changing surfaces, increasing resistance or adding UE movement. No squats to more than 90 degrees.
- Theraband walking patterns, including forward, backward, lateral steps to left and right, carioca, large steps, ½ circles each way. Begin with resistance above the knee and move band to ankle as tolerated.
- Single leg stability ball bridges.