



Hip Arthroscopy-Core Decompression Post-Operative Rehabilitation Protocol

0-1 Week Post-Op

Weight-Bearing Status:

- **Non-weight bearing (NWB)** for 6 weeks (core decompression or subchondroplasty).

Instructions:

- Provide guidance on ambulation and stair climbing using crutches.

Suggested Therapeutic Exercises:

- **Stationary Bike:** 20 minutes daily, no resistance.
- **Continuous Passive Motion (CPM):** 4 hours/day, can reduce to 3 hours if stationary bike is used.
- **Brace:** Wear at all times during ambulation. Use brace or abduction pillow for sleep (x 2 weeks).
- **Range of Motion (ROM) Exercises:** Begin passive ROM (PROM) – including circumduction, abduction, and log rolls.
 - 20 minutes, twice daily.
 - Instruct a family member or caregiver for assistance.
 - Maintain PROM restrictions for 3 weeks.
- **Prone Lying:** 2-3 hours per day.
- **Isometric Exercises:** Quadriceps sets, glute sets, and transversus abdominis (TA) activation.
 - Hold each for 5 seconds, 20 repetitions, twice daily.

1-3 Weeks Post-Op

Goal: Protect the joint and avoid irritation.

Physical Therapy Pointers:

- Aim for symmetric ROM by 6-8 weeks.
- **Avoid active open-chain hip flexor activation.**
- Focus on **proximal control** (core, pelvis, and hip muscles).

Weight-Bearing Status:

- **NWB** for 6-8 weeks.

Brace Settings:

- Locked in 0-90° for ambulation or sleep.
- Continue using the brace or abduction pillow for sleep as needed.

Initial ROM Restrictions (Weeks 0-3):

- **Flexion:** Limit to 90° for 2 weeks (CPM may allow for slightly greater flexion).
- **Extension:** Limit to 0° for 3 weeks.
- **External Rotation:** Limit to 30° at 90° flexion for 3 weeks.
- **Internal Rotation:** Limit to 20° in prone for 3 weeks.
- **Abduction:** Limit to 20° at 90° flexion for 3 weeks.
- No restrictions in prone position.

Suggested Therapeutic Exercises:

- **Stationary Bike:** 20 minutes daily; increase time as tolerated starting week 3.
- **Soft Tissue Mobilization:** 20-30 minutes each session, focusing on adductors, TFL, QL, and inguinal ligament.
- **Isometric Exercises:** Continue quad sets, glute sets, and TA activation (week 1-2).
- **Diaphragmatic Breathing:** Week 1-2.
- **Quadruped Exercises:** Rocking, pelvic tilts, arm lifts.
- **Anterior Capsule Stretches:** Surgical leg off the table in figure 4 position.
- **Clamshells/Reverse Clamshells:** Week 1-3.
- **TA Activation with Bent Knee Fall Outs:** Week 1-3.
- **Bridging Progression:** 5x/week (week 2-6).
- **Prone Hip ER/IR and Hamstring Curls:** 5x/week (week 2-6).

Weight-Bearing Status:

- **WBAT** progression starts at **6 weeks post-op**.
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3-10 Weeks Post-Op

Goal: Achieve a non-compensatory gait and continue rehabilitation progression.

Physical Therapy Pointers:

- Gradually increase ambulation without crutches or a brace as tolerated, ensuring proper gait mechanics.
- Provide tactile and verbal cues to prevent compensatory patterns.
- Progress exercises as patient demonstrates control both proximally and distally.

Weight-Bearing Status:

- **Begin WBAT progression** starting at 6-8 weeks.
 - Start with **Toe-Touch Weight Bearing (TTWB)**, progressing to **Partial Weight Bearing (PWB)** (25%, then 50%) under physical therapy guidance.
 - Transition off crutches by **7-8 weeks**.
 - Discontinue brace once crutches are no longer needed.

Suggested Therapeutic Exercises:

- **Stationary Bike:** 20 minutes daily; increase time as tolerated starting week 3.
- **Soft Tissue Mobilization:** 20-30 minutes per session, with a focus on specific restrictions.
- **Anterior Capsule Stretches:** Continue surgical leg off the table in figure 4 position.
- **Prone Hip ER/IR and Hamstring Curls:** Continue until 6 weeks post-op.
- **Prone Hip Extension:** Begin 5x/week (week 3-5).
- **Core and Shoulder Girdle Strengthening:** Tall kneeling and ½ kneeling exercises (week 3-6).
- **Standing Weight Shifts:** Side-to-side and anterior-posterior, 5x/week (week 6).
- **Backward and Lateral Walking (no resistance):** 5x/week (week 6-8).
- **Standing Double Leg 1/3 Knee Bends:** 5x/week (week 8-10).
- **Double Leg Squats:** 5x/week (week 8-10).
- **Forward Step-ups:** 5x/week (week 8-10).
- **Modified Planks and Side Planks:** 5x/week (week 8-10).
- **Elliptical:** Begin with 3 minutes at 8 weeks, increase as tolerated.
- **Joint Mobilizations:**
 - Posterior/inferior glides: 2x/week (week 6-10).
 - Anterior glides: 2x/week (week 7-10).

10-16 Weeks Post-Op

Goal: Progress toward returning to pre-injury activity levels.

Physical Therapy Pointers:

- Focus on more functional exercises in all planes of motion.
- Progress exercises only if the patient demonstrates proper control with previous exercises.
- Individualized progression depending on patient's goals and recovery pace.

Suggested Therapeutic Exercises:

- **Soft Tissue and Joint Mobilizations:** As needed.
 - **Lunges:** Forward, lateral, and split squats, 3x/week.
 - **Side Steps and Retro Walking:** With resistance, starting more proximally, 3x/week.
 - **Single-Leg Balance Activities:** Balance, squats, trunk rotation, 3x/week.
 - **Planks and Side Planks:** Progress as tolerated.
 - **Single-Leg Bridges:** Progress duration as tolerated.
 - **Slide Board Exercises:** 3x/week.
 - **Agility Drills:** 3x/week (if pain-free).
 - **Hip Rotational Activities:** 3x/week (if pain-free).
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16-32+ Weeks Post-Op

Goal: Full return to sport and activity.

Physical Therapy Pointers:

- Full recovery may take 4-6 months, or up to 1 year for maximal improvement.
- Perform a **running analysis** before returning to running, cutting, or agility.
- Assess functional strength and proximal control before progressing to more advanced activities.

Suggested Therapeutic Exercises:

- **Running Progression:** Begin on Alter-G treadmill at week 16, progress as tolerated.
 - **Agility Exercises:** Start at week 20.
 - **Multidirectional and Cutting Activities:** Begin at week 24.
 - **Plyometrics:** Begin at week 24.
 - **Sport-Specific Exercises:** Begin at week 24.
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Note: Progression through these phases should be based on individual recovery, with all exercises adjusted as necessary under the guidance of your surgeon and physical therapist. Regular follow-ups with the surgical team are crucial to ensure optimal recovery.