



Hip Arthroscopy-Subchondroplasty Post-Operative Rehabilitation Protocol

0-1 Week

Weight Bearing Status:

- Non-weight bearing (NWB) for 6-8 weeks.
- Provide instructions for using crutches to assist with ambulation and stairs.

Suggested Therapeutic Exercises:

- **Stationary Bike (no resistance):**
 - 20 minutes daily.
- **Continuous Passive Motion (CPM):**
 - 4 hours per day (can reduce to 3 hours if using the stationary bike).
- **Post-op Brace Instructions:**
 - Wear the brace at all times during ambulation.
 - Use the brace or an abduction pillow for sleep for the first 2 weeks.
- **Passive Range of Motion (PROM):**
 - Begin PROM exercises (circumduction, abduction, log rolls).
 - Perform for 20 minutes, twice daily.
 - Provide instructions to a family member or caregiver for assistance.
 - Maintain PROM restrictions for 3 weeks.
- **Prone Lying:**
 - 2-3 hours per day.
- **Isometric Exercises (quad sets, glute sets, TA activation):**
 - Hold for 5 seconds, repeat 20 times, twice daily.

1-3 Weeks

Goal:

- Protect the joint and prevent irritation.

PT Guidelines:

- Aim for symmetrical range of motion (ROM) by 6-8 weeks.
- Avoid active open-chain hip flexor activation.
- Focus on proximal control.
- Manual therapy (20-30 min/session).

Weight Bearing Status:

- NWB for 6-8 weeks.

Brace Settings:

- Lock the brace at 0-90° for ambulation or sleeping.
- Use either the brace or an abduction pillow during sleep.

Initial PROM Restrictions (Weeks 0-3):

- **Flexion:** Limited to 90° for 2 weeks (can exceed in CPM).
- **Extension:** Limited to 0° for 3 weeks.
- **External Rotation:** Limited to 30° at 90° of hip flexion for 3 weeks.
- **Internal Rotation:** Limited to 20° in prone position for 3 weeks.
- **Abduction:** Limited to 20° at 90° of hip flexion for 3 weeks.
- **Prone Position:** No limitations.

Suggested Therapeutic Exercises:

- **Stationary Bike:** 20 minutes daily, increase time after week 3 if tolerated.
- **Soft Tissue Mobilization:** 20-30 minutes per session, focusing on adductors, TFL, QL, and inguinal ligament.
- **Isometrics:** Quad sets, glute sets, TA activation (weeks 1-2).
- **Diaphragmatic Breathing:** Weeks 1-2.
- **Quadruped Exercises:** Rocking, pelvic tilts, arm lifts.
- **Anterior Capsule Stretches:** Surgical leg off table/figure 4.
- **Clamshells/Reverse Clamshells:** Weeks 1-3.
- **TA Activation with Bent Knee Fallouts:** Weeks 1-3.
- **Bridging Progression:** 5x/week (weeks 2-6).
- **Prone Hip ER/IR, Hamstring Curls:** 5x/week (weeks 2-6).

3-10 Weeks

Goal:

- Achieve a non-compensatory gait and gradual progression.

PT Guidelines:

- Gradually progress ambulation without crutches or brace as tolerated, avoiding compensatory patterns.
- Encourage non-compensatory gait patterns using tactile and verbal cues.
- Progress exercises only once good control (both proximally and distally) is achieved in prior exercises.
- Hold all weight-bearing exercises until week 6.

Weight Bearing Status:

- Begin Weight-Bearing as Tolerated (WBAT) progression between 6-8 weeks.
- Gradually transition from toe-touch weight-bearing (TTWB) to partial weight-bearing (PWB) (25% then 50%), and then progress to full WBAT under PT guidance.
- Discontinue crutches between weeks 7-8.
- Discontinue brace when crutches are discontinued.

Suggested Therapeutic Exercises:

- **Stationary Bike:** Continue for 20 minutes, increase time after week 3 if tolerated.
- **Soft Tissue Mobilization:** 20-30 minutes per session, focusing on specific restrictions.
- **Anterior Capsule Stretches:** Surgical leg off table/figure 4.
- **Prone Hip ER/IR, Hamstring Curls:** Continue until 6 weeks post-op.
- **Prone Hip Extension:** 5x/week (weeks 3-5).
- **Core and Shoulder Girdle Strengthening (Tall Kneeling/Half Kneeling):** 5x/week (weeks 3-6).
- **Standing Weight Shifts (Side to Side, Anterior to Posterior):** 5x/week (week 6).
- **Backward and Lateral Walking (No Resistance):** 5x/week (weeks 6-8).
- **Standing Double-Leg Knee Bends:** 5x/week (weeks 8-10).
- **Double-Leg Squats:** 5x/week (weeks 8-10).
- **Forward Step-Ups:** 5x/week (weeks 8-10).
- **Modified Planks/Side Planks:** 5x/week (weeks 8-10).
- **Elliptical:** Start with 3 minutes at week 8, gradually increase as tolerated.

Joint Mobilizations:

- Posterior/Inferior Glides: 2x/week (weeks 6-10).
 - Anterior Glides: 2x/week (weeks 7-10).
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10-16 Weeks

Goal:

- Restore pre-injury functional level.

PT Guidelines:

- Emphasize functional exercises in all planes.
- Progress exercises only with adequate control of prior movements.
- Rehabilitation duration may vary based on individual needs and goals.

Suggested Therapeutic Exercises:

- **Soft Tissue and Joint Mobilizations:** As needed.
 - **Lunges (Forward, Lateral, Split Squats):** 3x/week.
 - **Side Steps/Retro Walks with Resistance:** 3x/week.
 - **Single-Leg Balance Activities (Balance, Squat, Trunk Rotation):** 3x/week.
 - **Planks/Side Planks:** Progress as tolerated.
 - **Single-Leg Bridges:** Increase difficulty over time.
 - **Slide Board Exercises:** 3x/week.
 - **Agility Drills (Pain-free):** 3x/week.
 - **Hip Rotational Activities (Pain-free):** 3x/week.
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16-32+ Weeks

Goal:

- Return to sport.

PT Guidelines:

- Full recovery typically takes 4-6 months, with maximal recovery occurring around 1 year.
- Complete a running analysis before starting running, cutting, or agility exercises.
- Assess functional strength and achieve proximal control before advancing to sport-specific training.

Suggested Therapeutic Exercises:

- **Running Progression:** Begin on AlterG treadmill at week 16, progress as tolerated.
- **Agility Exercises:** Start at week 20.
- **Multidirectional/Cutting Activities:** Begin at week 24.

- **Plyometrics:** Begin at week 24.
- **Sport-Specific Training:** Begin at week 24.

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