



# ORTHOPEDIC AND SPORTS MEDICINE CENTER

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REHAB PROTOCOLS

**Minor Hip Arthroscopy Protocol Rehab Protocol**

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## TIMELINE

## GOALS

## EXERCISES/METHODS

<p>Early Post-operative Day 1-week 2</p>	<ul style="list-style-type: none"> <li>• Restore PROM Full</li> <li>• Prevent muscular inhibition and gait abnormalities</li> <li>• Diminish pain and inflammation</li> </ul>	<p>PROM of knee and hip begins a wk 0 Gentle AAROM Calves, Passive stretches: quad, hip flexor Soft Tissue Massage: Scars, TFL / ITB, Quads, Gluteals, QL, Lumbar Paraspinals, posterior thigh, and Calves  Ankle Pumps, Gluteus squeezes, Quad squeezes, Transverse abdominals, gentle Hip Abd submax isometrics using a belt or Pilates ring, lumbopelvic stabilization, patellar mobilizations IT band stretch</p>
<p><b>Goals/Restrictions/Milestones:</b></p> <ul style="list-style-type: none"> <li>• <b>Do not progress before week 2</b></li> <li>• <b>Able to initiate muscular activation</b></li> <li>• <b>Able to walk short distances</b></li> </ul>		
<p>Sub-Acute Post-Operative: 2-6 weeks</p>	<ul style="list-style-type: none"> <li>• Above +</li> <li>• Full AAROM</li> <li>• Painless PROM to limits</li> <li>• Restore normal gait pattern (emphasize good leg control with extension of knee during swing phase and heel strike)</li> <li>• Improve ADL function, ie. sit □ stand, stairs, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• prone quad strengthening, sidelying hip abd/add, single and double-limb balance and proprioception, lumbopelvic stabilization (PRE's)</li> <li>• Isometric exercises</li> <li>• Progress core strengthening (avoid hip flexor tendonitis)</li> <li>• Progress with hip strengthening</li> <li>• Start isometric sub max pain free hip flexion (3-4 wks)</li> <li>• Quadriceps strengthening</li> <li>• Aqua therapy in low end of water</li> </ul>
<p><b>Goals/Restrictions/Milestones:</b></p> <ul style="list-style-type: none"> <li>• <b>Painless PROM to limits</b></li> <li>• <b>6 weeks</b></li> <li>• <b>Full Weightbearing without gait abnormality</b></li> </ul>		

## BRACING/SLING

- None

## ROM RESTRICTIONS

- None

## WEIGHT BEARING

- WBAT
- Use crutches in first few days for pain control

## OTHER RESTRICTIONS AND KEY CONSIDERATIONS

- For first 6 weeks:
- Avoid direct pressure on bursae

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<p>Moderate Activity: 6-12 weeks</p>	<p>Restore hip strength Resume light exercise Ok to start walk on treadmill Ok to do cycle/elliptical Start Alter G week 8-10</p>	<p>Aggressive Scar massage to prevent adhesions/recurrence Supine log rolling -&gt; Stool rotation -&gt; Standing on BAPS Hip Joint mobs with mobilization belt (if needed) o Progress core strengthening (avoid hip flexor tendonitis) o Hip isometrics for abduction and progress to isotonic o Leg press (bilateral LE) o Isokinetics: knee flexion/extension <b>Week 8</b> <input type="checkbox"/> Progress core strengthening <input type="checkbox"/> Begin proprioception/balance o Balance board and single leg stance <input type="checkbox"/> Bilateral cable column rotations <input type="checkbox"/> Elliptical <b>Weeks 10</b> <input type="checkbox"/> Progressive LE and core strengthening o Hip PREs and hip machine o Unilateral Leg press o Unilateral cable column rotations <input type="checkbox"/> Hip Hiking o Step downs <input type="checkbox"/> Hip flexor, glute/piriformis, and It-band Stretching – manual and self <input type="checkbox"/> Bilateral -&gt; Unilateral -&gt; foam -&gt; dynadisc <input type="checkbox"/> Side stepping with theraband <input type="checkbox"/> Hip hiking on stairmaster (week 12)</p>
<p><b>Goals/Restrictions/Milestones:</b></p> <ul style="list-style-type: none"> <li>• Full ROM</li> <li>• Pain free Normal gait pattern</li> <li>• LE MMT minimum 4+/5</li> <li>• Able to do light jog</li> </ul>		
<p>Weeks weeks 12+ Return to sport</p>	<ul style="list-style-type: none"> <li>• Good control and no pain with functional movements, including step up/down, squat, partial lunge (do not exceed 60° of knee flexion)</li> <li>• Return to sport protocols</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Progressive LE and core strengthening</li> <li><input type="checkbox"/> Endurance activities around the hip</li> <li><input type="checkbox"/> Dynamic balance activities</li> <li><input type="checkbox"/> Treadmill jogging/running program</li> <li><input type="checkbox"/> Sport specific agility drills and plyometrics</li> </ul>

## SHOWERING

1. May Shower day 1 after surgery
2. Use Op-Site or similar waterproof dressing, change every other day

## WOUND CARE

1. Replace waterproof dressing every other day
2. Avoid sitting directly on incision for 2 or more weeks

## MEDICATIONS

1. Pain medicine only as needed. Wean off as soon as possible
2. ASA 325mg for 30 days to reduce blood clot risk

## TIMELINE

## GOALS

## EXERCISES/METHODS

### RETURN TO PLAY CRITERIA

- Dynamic neuromuscular control with multi-plane activities at high velocity without pain or swelling
- Less than 10% deficit for side to side hamstring comparison on Biodex testing at 60° and 240° per second
- Less than 10% deficit on functional testing profile

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