

## HIP ARTHROSCOPY WITH CHONDROPLASTY

"As tolerated" should be understood to include with safety for the reconstruction/repair; pain, limp, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these should occur, decrease activity level, ice and elevate the leg. Ice should be applied to the leg 6-8x/day and when swelling or pain is present. Return to sport based on provider team (physician, physician assistant, athletic trainer, and therapist) input and appropriate testing. All times and exercises are to serve as guidelines. Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers.

### Phase 1: WEEKS 0-6:

#### **Brace**

- None

#### **Crutches/Function:**

- Ambulation: Non-weight bearing weeks 0 - 2
- Initiate toe-touch weight-bearing ( $\leq 20$ lbs) with crutches at week 2
- Progress to partial weight-bearing with crutches at week 4

#### **ROM:**

- Extension: 10°
- Flexion: 90°
- Abduction: 25°
- Adduction: Full
- Internal Rotation in prone and supine: Full
- External Rotation in prone and supine: 25°
- Progress to full motion at week three, avoid sharp anterior hip pain

#### **Therapeutic Exercise:**

- TA, glute, quad and hamstring isometrics
- Open kinetic chain (OKC) knee extension and knee flexion in pain free ROM and as tolerated at PF joint
- Ankle and foot stretching and strengthening
- Initiate at week two:
  - Heel slides, quadruped rocking, hip isometrics
- Initiate at week three:
  - Straight leg raises (3 way), no flexion
  - Bridges, seated hip flexion

#### **Manual:**

- Scar and soft tissue massage
- Initiate hip mobilizations, including posterior capsule mobs and long axis distraction at week 2

#### **Proprioception:**

- Seated BAPS

#### **Cardio:**

- UBE (arm bike), stationary bike with minimal resistance

#### **Modalities:**

- NMES (neuromuscular electrical stimulation) for quadriceps atrophy, strengthening as needed
- HVPC (high volt pulsed current) for effusion (swelling) reduction as needed

- Cryotherapy 6-8 times per day for 15 to 20 minutes each

## **Progression to Phase II:**

- Ability to perform strong glute and quad set
- Near full ROM
- Minimal pain
- Minimal effusion
- Six weeks post-operative

## **Post-Operative Phase II: (Week 6 - Week 12)**

### **Crutches/Function:**

- Progress to full weight bearing with non-analgesic gait

### **ROM:**

- Progress to full ROM

### **Therapeutic Exercises:**

- Initiate closed kinetic chain (CKC) strengthening: mini squats, step ups, step downs, etc.
- Continue OKC knee extension and flexion as tolerated
- Hip and core strengthening

### **Manual:**

- Scar and soft tissue massage
- Joint mobilizations if needed (no anterior mobilizations until week six)

### **Proprioception:**

- SLS, BAPS
- Progress to unstable surfaces and with perturbations
- Joint repositioning

### **Cardio:**

- UBE, Stationary bike with resistance
- Initiate elliptical at week 10

### **Modalities:**

- Cryotherapy after activity for 15 to 20 minutes and as needed

### **Progression to Phase III:**

- Full and pain free ROM
- Pain free and non-analgesic gait
- No pain
- Manual muscle testing of hip musculature at least 4+/5

## **Post-Operative Phase III: (Week 12 – Month 4)**

### **Therapeutic Exercises:**

- Progress exercises as tolerated in all planes
- Hip and core strengthening

### **Proprioception:**

- Progress single leg stance on unstable surfaces with perturbations

### **Plyometrics:**

- Double-leg plyometrics progressing to single leg as tolerated.

### **Cardio:**

- Stationary bike, elliptical, stair climber
- Initiate treadmill jogging

## **Progression to Phase IV:**

- Hip strength muscle testing of hip musculature at least 5/5
- Demonstration of exercises with proper body mechanics
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## **Post-Operative Phase IV: (Month 4 - return to sport and function)**

### **Recommend pursuing Transitional Therapy for return to sport activities during this phase**

Transitional Therapy – a strength and conditioning program that is lead by medical professionals with a sports medicine background with the goal of transitioning from therapy back to sport. Contact Sports Medicine for details.

In addition to ongoing strength, balance, and cardio conditioning, initiate agility drills and sport-specific plyometric activities as tolerated such as:

- Soccer/Football: 2 foot ankle hop, double-leg hop, front barrier hop, lateral barrier hop, single-leg hop, power skip, backward skip, double-arm alternate-leg bound, and cycled split squat jump
- Basketball/Volleyball: 2 foot ankle hop, double-leg hop, squat jump, double-leg vertical jump, single-leg hop, single-leg vertical jump, power skip, backward skip, double-arm alternate-leg bound, alternate-leg push off box drill, and side-to-side push-off box drill
- Baseball/Softball/Overhead throwing sports: 2 foot ankle hop, double-leg hop, front barrier hop, lateral barrier hop, single-leg hop, power skip, backward skip, double-arm alternate-leg bound, cycled split squat jump, and return to throwing program