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**HIP ARTHROSCOPY
LABRAL DEBRIDEMENT OR REPAIR
FEMORAL OSTEOCHONDROPLASTY
ACETABULOPLASTY
PARTIAL ILIOPSOAS RELEASE
REHABILITATION PROTOCOL**

FREQUENCY OF VISITS

1x/week 1st month
2x/week 2nd month
3x/week 3rd month

GENERAL GOALS:

1. Non-antalgic gait (No pain with ambulation)
2. Increase passive ROM of the affected hip
3. Compliance with instructed weight bearing
4. No pain at rest
5. Modalities PRN
6. Home therapy education
7. Soft tissue manipulation around portal sites once healed (after week 2)
8. **AVOID THE FOLLOWING:**
 - Excessive external rotation
 - Exercises beyond fatigue/pain
 - Strenuous hip flexion (e.g. straight leg raises)
 - Greater trochanteric bursitis
 - Sacroilitis
 - Hip flexor tendonitis

GUIDELINES (WEEKS 0-2)

- Partial weight bearing (50%) with crutches
- CPM 4hrs/day (can lower to 2 hours/day if on stationary bike at least 20 minutes/day)
- Stationary bike 20 minutes/day; can increase to 2x/day if patient able to tolerate
- Passive ROM exercises of affected hip
- Supine log rolling
- Iliopsoas stretching (**AVOID EXCESSIVE EXTENSION!**)
- Stool rotations (Hip AAROM ER/IR)
- Modalities as needed
- Hip isometric exercises
 - o **NO FLEXION EXERCISES**
 - o ABDUCTION, ADDUCTION, EXTENSION, EXTERNAL ROTATION INTERNAL ROTATION

GUIDELINES (WEEKS 2-4)

- Include all regimens from weeks 0-2

- May advance weight bearing to full weight bearing as tolerated by the patient:
- Wean off crutches over 1-2 weeks. Do not advance or remove crutches if patient still ambulates with an antalgic gait
- Increase ROM exercises
- Gluteal and piriformis stretching
- Core strengthening (AVOID iliopsoas tendonitis)
- Step downs
- Scar massage at portal sites
- Treadmill side stepping from level surface holding on to side rail (**WEEK 4**)
- May begin aqua therapy in low end water at **WEEK 4** once portal sites are healed
 - o NO SWIMMING/TREADING
- Clam shells
 - o Isometric side-lying hip abduction
- Bike/Elliptical (**may start elliptical at weeks 3-4**)
- Proprioception training (start on week 4)
 - o Balance boards, single leg stance
- Continue with isometrics EXCEPT flexion
 - o May begin isometric sub maximum pain free hip flexion at 4 weeks

GUIDELINES (WEEKS 4-8)

INCLUDE ALL THERAPY REGIMENS FROM WEEKS 0-4

- Increase ROM
- Hip flexor and IT band stretching
- **LOWER EXTREMITY STRENGTHENING**
 - o Hip flexor isometric exercises
 - o Leg press (avoid deep flexion)
- Knee flexion and extension isokinetics
- Core strengthening: PLANKS
- LE proprioception exercises (**Avoid torsion**)
- Hip hiking on stairmaster

GUIDELINES (WEEKS 8-12)

INCLUDE ALL THERAPY REGIMENS FROM WEEKS 4-8

- Hip endurance activities
- Dynamic proprioception exercises
- Increase LE strengthening
- Continue to improve HIP ROM

GUIDELINES (WEEKS 12-16)

ALL OF THE ABOVE

- Continue LE strengthening
- Sport-specific drills
- May begin treadmill running
- Plyometrics

CRITERIA FOR DISCHARGE

- Step down test
- Pain free or at a manageable level of discomfort
- Biodex testing
 - o Quads and hamstrings within 15% of unaffected side
- Single leg cross-over triple hop for distance
 - o < 85% of normal side considered abnormal