

Hip Arthroscopy Rehab

Complex Protocol

Hip Arthroscopy Rehab

Complex Protocol

Phase 1

The focus at this stage is on protecting healing tissues

1 week post op

- First physiotherapy appointment is usually 1/52 post-op and should focus on comfortable ROM and isometric strengthening eg.
 1. Passive hip flexion with towel
 2. BKFO
 3. Medial/lateral rotation in supine
 4. Isometric abduction/adduction
 5. Basic trans abs activation
- Remain PWB for 6/52, then weaning off the crutches as able focusing on good walking patterns.
- Pain in the anterior hip whilst walking is normal at this stage (and often up to 4 weeks post-op) - do not try to 'stretch it out', it will settle on its own
- Do not **passively** mobilise the hip into extension for the first 4 week to avoid overstressing the healing capsule, and do not push hip flexion or rotation
- Focus on the soft tissues for the first 6-8 weeks-there will be lots of muscle tightness in the glutes, hip flexors and adductor muscles. Patients will benefit from massage and release techniques. This muscle tightness can restrict ROM (eg. Glute tightness can restrict hip flexion and cause impingement symptoms)
- Patients are usually off work for 4-6 weeks post-op; returning to work too soon usually causes pain and slows recovery
- Patients can drive once off crutches and walking well.

Phase 1

The focus at this stage is on protecting healing tissues

1 week post op

- First physiotherapy appointment is usually 1/52 post-op and should focus on comfortable ROM and isometric strengthening eg.
 1. Passive hip flexion with towel
 2. BKFO
 3. Medial/lateral rotation in supine
 4. Isometric abduction/adduction
 5. Basic trans abs activation
- Remain PWB for 6/52, then weaning off the crutches as able focusing on good walking patterns.
- Pain in the anterior hip whilst walking is normal at this stage (and often up to 4 weeks post-op) - do not try to 'stretch it out', it will settle on its own
- Do not **passively** mobilise the hip into extension for the first 4 week to avoid overstressing the healing capsule, and do not push hip flexion or rotation
- Focus on the soft tissues for the first 6-8 weeks-there will be lots of muscle tightness in the glutes, hip flexors and adductor muscles. Patients will benefit from massage and release techniques. This muscle tightness can restrict ROM (eg. Glute tightness can restrict hip flexion and cause impingement symptoms)
- Patients are usually off work for 4-6 weeks post-op; returning to work too soon usually causes pain and slows recovery
- Patients can drive once off crutches and walking well.

2 weeks post op

- Begin adding in gentle CV exercise and glute activation eg.
 1. Exercise bike-high seat, low resistance
 2. Swimming (no breast stroke until 12 weeks)
 3. Glute exs eg. Clams, bridges, abduction
 4. Hydrotherapy (if easy access to a pool) - work on gait, ROM and glute strength.

4 weeks post op

- Gently increase stress on anterior hip
 1. Maintain flexibility (hip flexor stretch standing)
 2. Work on restoring full ROM, strength and core stability so ready to progress to rehab quickly once FWB.
 3. Maintain CV fitness as able.

Phase 2

At this stage the aim is to restore full ROM, strength and CV fitness without aggravating the hip, as well as to improve core stability.

6 weeks post op

- Wean off crutches and normalise gait pattern
- Start gently increasing capsule flexibility as tightness can cause groin pain eg. '4' stretch in supine
- Increase CV activity - introduce stepper/X trainer
- Add rowing machine if ROM full and painless. If still struggling with ROM, this is usually due to glute/hip flexor tightness.
- If glute activation good, start introducing weight bearing exercises eg. Step ups, squats, gentle half lunges. Focus on good glute control and good movement patterns.

8 weeks post op

- Increase capsule and hip flexor stretching eg. Prone FABERS, modified Thomas test

2 weeks post op

- Begin adding in gentle CV exercise and glute activation eg.
 1. Exercise bike-high seat, low resistance
 2. Swimming (no breast stroke until 12 weeks)
 3. Glute exs eg. Clams, bridges, abduction
 4. Hydrotherapy (if easy access to a pool) - work on gait, ROM and glute strength.

4 weeks post op

- Gently increase stress on anterior hip
 1. Maintain flexibility (hip flexor stretch standing)
 2. Work on restoring full ROM, strength and core stability so ready to progress to rehab quickly once FWB.
 3. Maintain CV fitness as able.

Phase 2

At this stage the aim is to restore full ROM, strength and CV fitness without aggravating the hip, as well as to improve core stability.

6 weeks post op

- Wean off crutches and normalise gait pattern
- Start gently increasing capsule flexibility as tightness can cause groin pain eg. '4' stretch in supine
- Increase CV activity - introduce stepper/X trainer
- Add rowing machine if ROM full and painless. If still struggling with ROM, this is usually due to glute/hip flexor tightness.
- If glute activation good, start introducing weight bearing exercises eg. Step ups, squats, gentle half lunges. Focus on good glute control and good movement patterns.

8 weeks post op

- Increase capsule and hip flexor stretching eg. Prone FABERS, modified Thomas test

Phase 3

At this stage the aim is to restore full ROM, strength and CV fitness without aggravating the hip, as well as to improve core stability.

10 weeks post op

- If full ROM and good glute control, begin straight line running

12 weeks post op

- Progress running--changing direction, speed, endurance etc.
- Introduce higher impact activities eg. Hopping, leaping, bounding etc.
- Progress directional changes as able-must have good control
- Return to golf

14-16 weeks post op

- Returning to training for football, hockey, tennis, squash etc
- Return to play as able/once match fit.

If you have any questions or concerns, please use contact details below:

HR Orthopaedics: 0161 722 0007 (Mon—Fri 9am—5pm)

Fax: 0161 722 0002

Email: secretary@hrorthopaedics.co.uk

www.hrorthopaedics.co.uk

Phase 3

At this stage the aim is to restore full ROM, strength and CV fitness without aggravating the hip, as well as to improve core stability.

10 weeks post op

- If full ROM and good glute control, begin straight line running

12 weeks post op

- Progress running--changing direction, speed, endurance etc.
- Introduce higher impact activities eg. Hopping, leaping, bounding etc.
- Progress directional changes as able-must have good control
- Return to golf

14-16 weeks post op

- Returning to training for football, hockey, tennis, squash etc
- Return to play as able/once match fit.

If you have any questions or concerns, please use contact details below:

HR Orthopaedics: 0161 722 0007 (Mon—Fri 9am—5pm)

Fax: 0161 722 0002

Email: secretary@hrorthopaedics.co.uk

www.hrorthopaedics.co.uk