

# Hip Arthroscopy Rehab

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## Phase 1

The focus at this stage is on protecting healing tissues (restoring ROM and gait patterns without overstressing the capsule and irritating the joints)

### 1 week post op

- First physiotherapy appointment is usually 1/52 post-op and should focus on comfortable ROM and isometric strengthening. For example:
  1. Passive hip flexion with towel
  2. BKFO
  3. Medial/lateral rotation in supine
  4. Isometric abduction/adduction
  5. Basic trans abs activation
- Patients are given circulatory exercises eg. Glute squeezes, IRQ, heel slides and hip abduction immediately post-op
- Remain PWB for 2/52, 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 weeks post-op; returning to work too soon usually causes pain and slows recovery
- Patients can drive once off crutches and walking well.

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## 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.**

### 2 weeks post op

- Begin adding in gentle CV exercise and glute activation
  1. Wean off crutches-normalise gait
  2. Exercise bike-high seat, low resistance
  3. Swimming (no breast stroke until 12 weeks)
  4. Glute exercises eg. Clams, bridges, abduction
  5. Early core stability exercises eg. Plank on a ball

### 3 weeks post op

- If glute activation is good, start introducing closed chain exercises For example:
  1. Step-Ups
  2. SKB
  3. Bodyweight squats
  4. Gentle lunges (eg half lunges to avoid over stressing anterior hip)
- Primary focus for all activities should be on good glute control and re-enforcing good movement patterns.

### 4 weeks post op

- Gently increase stress on anterior hip
  1. Increase CV activity-introduce stepper/X trainer
  2. Maintain flexibility (hip flexor stretch standing)
  3. Progress to full lunges and squats-focus on good glute control and good movement patterns.
  4. Progress core stability-introduce full plank.

### 6 weeks post op

- Start gently increasing capsule flexibility as tightness can cause groin pain eg. '4' stretch in supine
- Use manual techniques as necessary to restore full ROM
- Add rowing machine if full, pain free ROM

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## 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.**

### 8 weeks post op

- If full ROM and good glute control, begin straight line running
  - Increase capsule and hip flexor stretching.
- For example: Prone FABERS, modified Thomas test etc.

### 10 weeks post op

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

### 12 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](mailto:secretary@hrorthopaedics.co.uk)**

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