

Hip Arthroscopy Post-operative Rehabilitation Protocol

Phase 1: 0-2 weeks post-operatively

Goals	<ul style="list-style-type: none"> • Protect repair • Minimize pain • Minimize swelling • Plan to begin physical therapy and/or home exercise program 1-3 days after surgery • Work on normalizing gait with crutch use
Crutch Use	<ul style="list-style-type: none"> • Ambulate using crutches for first 4 weeks at 50% weight bearing, maintain foot flat on ground to reduce force in the hip
Range of Motion	<ul style="list-style-type: none"> • Limit hip flexion to 90° - can use stationary bike with high seat and no resistance • Avoid excessive internal and external rotation • Seated knee extension • Prone knee flexion
Strengthening	<ul style="list-style-type: none"> • Quad, glute, and hamstring sets, adductor and abductor isometrics • Hip joint mobilization • Heel slides • Pelvic tilts • Double legged supine bridge
Home Instructions	<ul style="list-style-type: none"> • Keep surgical dressings clean and dry • Change surgical bandages on the 2nd day after surgery (keep covered until first clinic visit) • Can bathe on the 2nd day after surgery (do not scrub, soak, or submerge the incisions) • Avoid sleeping directly on your hip. Sleeping with a pillow between your knees is helpful to decrease movement of the hip and increase comfort. • Sutures will be removed at first post-operative visit • No driving until 4-6 weeks after surgery, to be determined by the surgeon • Take Aspirin (or other prescribed DVT medication) for 2 full weeks after surgery • Take naproxen 500 mg twice daily for 30 days after surgery to prevent abnormal bone formation. Do not take additional nonsteroidal anti-inflammatory medications with the naproxen such as Aleve, Advil, Motrin, ibuprofen, meloxicam, or diclofenac. • Some pain or numbness in the groin, leg, and/or foot can occur, but usually resolves within the first two weeks after surgery • Ice hip 20-30 minutes, 5-6x a day using a thin barrier, do not use heat

Phase 2: 2-6 weeks post-op

Goals	<ul style="list-style-type: none"> • Protect repair • Increase range of motion • Transition from crutches • Normalize gait • Progressively increase muscle strength
Crutch Use	<ul style="list-style-type: none"> • Wean from crutches as tolerated starting at the 4 week mark • Start with single crutch on opposite side of operative hip • May transition to no crutches once comfortable and no significant gait deviations • May continue to need crutches when planning to walk a distance or be on your feet for a longer period of time

Range of Motion	<ul style="list-style-type: none"> • Progress with hip range of motion • No external rotation >20 degrees • No hip flexion >105 degrees
Strengthening	<ul style="list-style-type: none"> • Continue mobilizations to include deep tissue, hip, pelvis, and spine • Progress core strengthening • Hip flexor activation (be cautious with active/resisted hip flexion to prevent inflammation) • Clam shells • Single-leg bridges • Leg presses with minimal resistance • Weight-shifting • ¼ mini squats • Quadruped superman • Standing 4-way hip with low resistance • Can incorporate aqua therapy, if available, once portals heal
Home Instructions	<ul style="list-style-type: none"> • Discontinue crutches as tolerated • Continue to ice hip 20-30 minutes, 5-6x a day using a thin barrier • Continue physical therapy to progress ROM and strengthening

Phase 3: 6-12 weeks post-op

Goals	<ul style="list-style-type: none"> • Protect repair • Normalize motion, strength, and gait • Improve endurance and conditioning • Improve neuromuscular control, balance, and proprioception
Brace/Crutch Use	<ul style="list-style-type: none"> • Wean off crutches if not done already
Range of Motion	<ul style="list-style-type: none"> • No restrictions for normalizing hip range of motion • Focus on symmetry with unaffected side • Stationary bike- lower seat to allow increasing hip flexion
Strengthening	<ul style="list-style-type: none"> • Continue joint mobilizations • Increase resistance with active exercises • Clamshells with theraband • Sidelying planks • Physioball hamstring • Side-stepping with resistance • Lunges • Neuromuscular training to include core stabilization, single leg balance, step-ups, Bosu squats, and side steps • Elliptical and treadmill with minimal resistance/speed

Phase 4: 12-16 weeks post-op

Goals	<ul style="list-style-type: none"> • Full hip ROM • Normalize function • Sport specific training • Prepare to return to activity
Brace/Crutch Use	<ul style="list-style-type: none"> • Full ambulation without use of crutches

Range of Motion	<ul style="list-style-type: none"> • Full hip range of motion • Focus on strengthening and proprioceptive training
Strengthening	<ul style="list-style-type: none"> • Continue as above • Introduce low-impact plyometrics • Increase resistance and duration on bike and elliptical • Swimming as tolerated • Sport-specific agility drills • Traditional weight training • Start running progression

Requirements for Return to Sport/Activities:

- Full pain-free range of motion symmetrical to opposite side
- Symmetrical hip strength
- Stable pelvis
- Ability to perform sport-specific drills at full speed without pain