

Routine Arthroscopic Procedure

(Loose body removal, labral debridement, chondroplasty, synovectomy, ligamentum teres debridement)

This protocol should be used as a guideline for progression and should be tailored to the needs of the individual patient.

- **Weight bearing as tolerated – use crutches to normalize gait.**
 - Crutches are usually discontinued at 5-7 days, once gait is normalized
- **Initiate supervised physical therapy, postop day 1 or 2.**
- **Isometrics, co-contractions, closed chain exercises.**
- **Initiate stationary bike as symptoms allow.**
 - Seat raised to avoid uncomfortable hip flexion.
 - Low resistance with the emphasis on fluid range of motion.
- **Pool program initiated when sutures removed and portals healed.**

(approximately 10 days; sutures removed at 1 week)
- **Rehab deliberate for the first 2-3 months, then initiate functional progression as symptoms allow.**
 - (2 vs. 3 months dictated by nature of pathology).
 - 2 months: loose fragment, simple labral tears, ruptured ligamentum teres.
 - 3 months: tenuous preserved labrum (i.e. thermal treatment for stabilization); or extensive articular damage.
- **“Honeymoon period”**
 - At 1 month most patients feel like they are doing better than they really are (regardless of eventual outcome).
 - Probably due to expectations of surgery being more disabling.
 - Risk of overdoing it!
 - Delaying functional progression based on tolerance to 2-3 months more reliable with less risk of setback.
 - Functional progression more liberal for athletes with close supervision.

PHASE 1:

WEEK 1

Initial Exercises (*Weeks 1-3*)



Seated weight shifts, lateral



Glut sets



Seated knee extensions



Quad sets



Ankle pumps



Hamstring sets

PHASE 1:

WEEK 1

Initial Exercises (*Weeks 1-3*)



Adductor isometrics



Pelvic tilt



Heel slides, active-assisted range of motion



Trunk rotation



Log rolling



Double leg bridges

PHASE 1:

WEEK 1

Initial Exercises (*Weeks 1-3*)



Prone on elbows



Standing adduction without resistance



Prone knee flexion



Standing extension without resistance



Standing abduction without resistance



Standing flexion without resistance

PHASE 1:

WEEK 1

Initial Exercises (*Weeks 1-3*)



Pain dominant hip mobilization – grades I, II

Other Exercises Week 1

- Standard stationary bike without resistance at 3 days post-op (10 min. if tolerated)
- Upper body ergometer, upper body strengthening

PHASE 1:

WEEK 2

In Addition to Previous Exercises (*Weeks 1-3*)



Abduction isometrics



¼ Mini squats



Weight shifts – anterior/posterior



Standing heel lifts

PHASE 1:

WEEK 2

In Addition to Previous Exercises (*Weeks 1-3*)



Hip flexion, IR/ER in pain-free range



Theraband resistance on affected side – Flexion (start very low resistance)



Theraband resistance on affected side – Abduction (start very low resistance)



Theraband resistance on affected side – Extension (start very low resistance)



Theraband resistance on affected side – Adduction (start very low resistance)



Superman

PHASE 1:

WEEK 2

In Addition to Previous Exercises (*Weeks 1-3*)

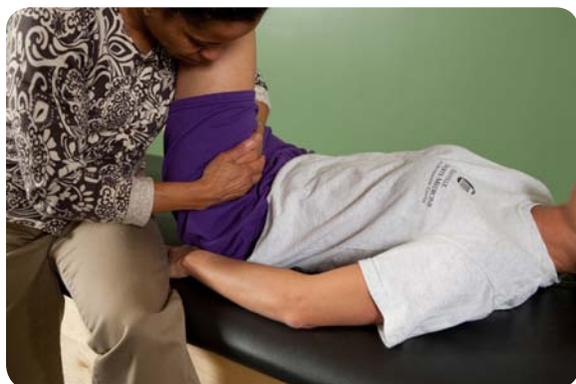
Other Exercises Week 2

- Wall mini-squats
- Physioball mini-squats with cocontraction
- Pool exercises (water walking, range of motion, march steps, lateral steps, backward walking, mini-squats, heel raises, hamstring and hip flexor stretches)

PHASE 1:

WEEK 3

In Addition to Previous Exercises (*Weeks 1-3*)



Stiffness dominant hip mobilization – grades III, IV



Double leg bridges to single leg bridges



Clamshells (pain-free range)

PHASE 1:

WEEK 3

In Addition to Previous Exercises (*Weeks 1-3*)



Leg raise – Abduction



Dead bug



Leg raise – Extension



Quadruped 4 point support, progress 3 point support, progress 2 point



Shuttle leg press 90 degree hip flexion with co-contraction of adductors



Seated physioball progression – hip flexion

PHASE 1:

WEEK 3

In Addition to Previous Exercises (*Weeks 1-3*)



Forward walking over cups and hurdles (pause on affected limb), add ball toss while walking



Lateral walking over cups and hurdles (pause on affected limb), add ball toss while walking

Other Exercises Week 3

- Continue stationary bike with minimal resistance – 5 min. increase daily
- Active range of motion with gradual end range stretch within tolerance
- Leg raise – Adduction
- Single leg sports cord leg press (long sitting) limiting hip flexion

Goals of Phase 1

- Restore range of motion
- Diminish pain and inflammation
- Prevent muscular inhibition
- Normalize gait

Criteria for progression to Phase 2

- Minimal pain with phase 1 exercises
- Minimal range of motion limitations
- Normalized gait without crutches

PHASE 2:

WEEKS 4-5

Intermediate Exercises (*Weeks 4-6*)



Crunches



Standing theraband/pulley weight – Adduction



Bosu squats



Standing theraband/pulley weight – Flexion



Standing theraband/pulley weight – Abduction



Standing theraband/pulley weight – Extension

PHASE 2:

WEEKS 4-5

Intermediate Exercises (*Weeks 4-6*)



Single leg balance – firm to soft surface



Sidestepping with resistance (pause on affected limb), sports cord walking forward and backward (pause on affected limb)



Clamshells with theraband

Other Exercises Weeks 4-5

- Gradually increase resistance with stationary bike
- Initiate elliptical machine
- Pool water exercises – flutterkick swimming, 4 way hip with water weights, step-ups

PHASE 2:

WEEK 6

Intermediate Exercises (*Week 6*)



Leg press (gradually increasing weight)

PHASE 2:

WEEK 6

Intermediate Exercises (*Week 6*)



Superman on physioball – 2 point on physioball

Physioball hamstring exercises – hip lift, bent knee hip lift, curls, balance

Other Exercises Week 6

- Single leg balance – firm to soft surface with external perturbation (ball catch, sports specific/simulated ex.)
- Knee extensions, hamstring curls

Goals of Phase 2

- Restore pain-free range of motion
- Initiate proprioception exercises
- Progressively increase muscle strength and endurance

Criteria for progression to Phase 3

- Minimum pain with phase 2 exercises
- Single leg stance with level pelvis

PHASE 3:

WEEKS 7-8

Advanced Exercises (*Weeks 7-8*)



Step-ups with eccentric lowering



Side steps over cups/hurdles (with ball toss and external sports cord resistance), increase speed



Lunges progress from single plane to tri-planar, add medicine balls for resistance and rotation



Single leg body weight squats, increase external resistance, stand on soft surface



Theraband walking patterns – forward, sidestepping, carioca, monster steps, backward, ½ circles forward/backward – 25yds. Start band at knee height and progress to ankle height

Other Exercises Weeks 7-8

- Full squats
- Single stability ball bridges

Goals for Phase 3

- Restoration of muscular endurance/strength
- Restoration of cardiovascular endurance
- Optimize neuromuscular control/balance/proprioception

PHASE 3:

WEEKS 7-8

Advanced Exercises (*Weeks 7-8*)

Criteria for Progression to Phase 4

- Single leg mini-squat with level pelvis
- Cardiovascular fitness equal to preinjury level
- Demonstration of initial agility drills with proper body mechanics

PHASE 4:

WEEKS 9-11

Sports specific training rehab clinic based progression



Single leg pick-ups, add soft surface

Other Exercises Weeks 9-11

- All phase 3 exercises
- Pool running (progress from chest deep to waist deep), treadmill jogging
- Step drills, quick feet step-ups (4-6 inch box) forward, lateral, carioca
- Plyometrics, double leg and single leg shuttle jumps
- Theraband walking patterns 1 rep of six exercises x 50yds, progress to band at knee height and ankle height

FINAL PHASE:

WEEKS 12 & BEYOND

Sports specific training rehab clinic based progression

Other Exercises Weeks 12 & Beyond

- Running progression
- Sport specific drills
- Traditional weight training

Criteria for full return to competition

- Full range of motion
- Hip strength equal to uninvolved side, single leg pick-up with level pelvis
- Ability to perform sport-specific drills at full speed without pain
- Completion of functional sports test