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Rehabilitation for Arthroscopic Capsular Repair or Reconstruction with or without Labral Repair

General Guidelines:

- Normalize gait pattern with crutches
- Continuous Passive Motion Machine
 - 4 hours/day or 1 hour if on stationary bike for 2 bouts of 20-30 minutes if tolerated

Frequency of Physical Therapy:

- Seen post-op Day 10-14, ideally
- Seen 1-2x/week for 6 weeks
- Seen 1-2x/week for 6 weeks
- Seen 1-2x/week for 6 weeks (if needed)

Precautions following Hip Arthroscopy:

- Weight-bearing as tolerated.
- Hip flexor tendinopathy due to repetitive active hip flexion
- Greater trochanteric pain
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on passive flexion (No resisted hip flexion exercises for first 4 weeks) No hip extension stretching x 12 weeks
 - No active IR, or passive ER

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- NO HIP MOBS FOR 12 WEEKS POST OP
- NO HIP EXTENSION OR ER STRETCHING X 12 WEEKS

Guidelines:

- **Weeks 0-4**

- CPM for 4 hours/day, first 10-14 days
- Bike for 20-30 minutes/day (can be 2x/day) as tolerated
- Scar massage
- Hip PROM
 - Hip flexion as tolerated, abduction as tolerated
 - Log roll (Limit ER to 20 degrees with hip in neutral)
 - No active IR
 - No passive ER in 90/90 position past 20 degrees (12 weeks)
- Quadruped rocking for hip flexion
- Gait training WBAT with assistive device, WB restrictions based on pain and abnormal gait only.
- Hip isometrics -
 - Extension (limit to neutral), abduction, adduction, ER at 2 weeks (limit 20 degrees). No resisted hip flexion
- Hamstring mobility, Foam Roller okay, limit hip extension to neutral

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- Pelvic tilts, bridges, ½ planks if tolerated
 - NMES to quads with SAQ
 - Modalities
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- **Weeks 4-6**
 - Continue to progress previous Ther-Ex
 - Goal of normal gait
 - Stool rotations ER (20 degrees)
 - Supine bridges, ½ planks (pain dependent), hip hikes, etc. Goal is pelvic control.
 - Isotonic adduction
 - May begin short arc, closed chain strength for LE. Step ups, Mini squats, mini lunge, leg press, hip hinge, etc. Watch for weight shift/compensatory motion. Limit weight/load to 45 pounds for 12 weeks
 - Spinal stability strengthening (avoid hip flexor tendinopathy)
 - Upper body lifts seated or lying down, no weight restrictions.
 - Scar massage
 - Aqua therapy in low end of water
 - Single leg balance as tolerated, multi-directions okay (Star balance)
 - **Weeks 6-8**
 - Continue with previous Ther-Ex

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- Progress with ROM, goal of full ROM, pain-free by 8 weeks. Patient may feel tightness with extension and ER. DO NOT PUSH THESE MOTIONS
 - Passive hip ER/IR
 - Stool rotation ER/IR to 20 degrees for ER, 5 degrees IR → Standing on BAPS → prone hip ER/IR
- Continue spinal strength and stability exercises (avoid hip flexor tendonitis).
- Glute strength and lumbar extensor strength, may extend hip past neutral. Do not push through pain.
- Continue to progress arc with closed chain strength for LE. Step ups, Mini squats, stationary lunge, hip hinge, leg press, etc.
- **Weeks 8-10**
 - Progress previous Ther-Ex
 - Progressive hip ROM. DO NOT STRETCH ANTERIOR CAPSULE
 - Progress strengthening LE
 - Hip strength and endurance. Focus abduction, ER, and hip extensors
 - Leg press (single leg eccentrics okay at this time)
 - Continue CKC strength progressing to full arc. May introduce lateral CKC strength as tolerated, no pivoting on hip.
 - May begin increasing to significant resistance on bike. Hills okay.
 - Elliptical, minimal resistance

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- **Weeks 10-12**

- Continue with previous Ther-Ex
- Maintain hip ROM
- Progressive LE and core strengthening
 - Unilateral Leg press, Hex bar deadlift less than 50 lbs, RDLs, Squats less than 50 lbs, etc.
 - Unilateral cable column rotations
 - Eccentric step downs
- Hip flexor, glute/piriformis, and IT-band mobilization – manual and self
- Progress balance and proprioception, with weight and/or resistance
 - Bilateral → Unilateral → foam → dynadisc
- Treadmill side stepping from level surface holding on progressing to inclines when gluteus medius is with good strength
- Hip hiking on stairmaster (week 12)

- **Weeks 12 +**

- Impact activities okay at this time
- Progressive LE and core strengthening. May begin linear progression for untrained individuals. No weight restrictions after 12 weeks.
- May begin aggressive stretching of anterior capsule at this time
- Hip extension stretch, butterfly stretch
- Endurance activities

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- Dynamic balance activities
- Treadmill running program
- Sport specific agility drills and plyometrics
- Triple extension exercises and Olympic lifts okay at this time.
- **3-6 months Re-Evaluate (Criteria for discharge)**
 - Hip Outcome Score
 - Pain free or at least a manageable level of discomfort
 - Able to deadlift weight equal to body weight (Hex bar okay)
 - NO OPEN CHAIN BIODEX TESTING
 - Single leg crossover hop
 - Figure 8 run

Hip will continue to improve for 18 – 24 months. If there are any issues in the future, feel free to contact 801-587-1473 (Mark)