KEVIN M. ROTH, MD

Orthopedic Sports Medicine www.KevinRothMD.com

HIP ARTHROSCOPY REHABILITATION PROTOCOL

(TO BE GIVEN TO PHYSICAL THERAPIST)

WEEK 1-2:	WEIGHT BEARING • 50% Partial Weight Bearing with crutches	 Avoid pinching feeling with ROM Flexion: 0-90° Extension: 0° (avoid hyperextension) Abduction: 30° IR in 90° of flexion: Neutral ER in 90° of flexion: 	 Exercise bike without resistance immediately (POD#1 if possible) Isometrics: Quad setting, gluteal setting, hamstring digs with knee support, plantarflexion/ dorsiflexion, eversion/inversion strengthening Prone lying STM mobilization, scar massage No joint/capsular mobilizations
WEEK 3-6:	Transition to full weight bearing	As tolerated within pain free ROM	 Avoid straight leg raises (flexion) to prevent post-operative hip flexor tendonitis Continue to protect repaired tissue, avoid joint/capsular mobilizations Restore hip ROM Restore normal gait pattern Weight shifting Step over small obstacle on non-operative leg emphasizing hip extension on operative leg Emphasize gluteus medius strengthening (clamshells, side lying abduction) Stationary bike without resistance – add resistance at Weeks 5-6



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WEEKS 6- 12:	• Full	• Full	 Begin straight leg raises (flexion) Continue to protect repaired tissue, avoid joint/capsular mobilizations Progress gluteus medius strengthening (single leg balance on foam pad, then bosu ball, side steps with therband) Stationary bike with resistance Slide board if without pain Crab / Monster walk
WEEKS 12+:	Full	Full	 Treadmill walking, progressing to jogging if tolerated Single leg squats Lunges Side planks Plyometrics Sport Specific Training if hip strength 80% of contralateral side Return to sport 4-6 months if cleared by MD