

HIP ARTHROSCOPY PROTOCOL - GLUTEUS MEDIUS REPAIR WITH OR WITHOUT LABRAL DEBRIDEMENT

General Guidelines:

- Normalize gait pattern with brace and crutches
- Weight-bearing: 20 lbs for 6 weeks
- Continuous Passive Motion Machine: 4 hours/day or 2 hours if on bike

Rehabilitation Goals:

- Seen 1x/week for 6 weeks
- Seen 2x/week for 6 weeks
- Seen 2-3x/week for 6 weeks

Precautions following Hip Arthroscopy:

- Weight-bearing will be determined by procedure
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion
- No active abduction, IR, or passive ER, adduction (at least 6 weeks)

Guidelines:

Weeks 0-4

CPM for 4 hours/day

Bike for 20 minutes/day (can be 2x/day)

Scar massage

Hip PROM

Hip flexion to 90 degrees, abduction as tolerated

No active abduction and IR

No passive ER or adduction (6 weeks)

- Quadruped rocking for hip flexion

- Gait training PWB with assistive device

- Hip isometrics - Extension, adduction, ER at 2 weeks

- Hamstring isotonic

- Pelvic tilts

- NMES to quads with SAQ

- Modalities

Weeks 4-6

Continue with previous core exercises

Gait training PWB with assisting device

20 pounds through 6 weeks

Progress with passive hip flexion greater than 90 degrees

Supine bridges

Isotonic adduction

Progress core strengthening (avoid hip flexor tendonitis)

Progress with hip strengthening

- Start isometric sub max pain free hip flexion(3-4 wks)
- Quadriceps strengthening
- Scar massage
- Aqua therapy in low end of water

Weeks 6-8

Continue with previous core exercises

Gait training: increase WBing to 100% by 8 weeks with crutches

Progress with ROM

- Passive hip ER/IR: Supine log rolling, Stool rotation, Standing on BAPS
- Hip Joint mobs with mobilization belt (if needed)
- Lateral and inferior with rotation
- Prone posterior-anterior glides with rotation
- Progress core strengthening (avoid hip flexor tendonitis)

Weeks 8-10

Continue previous core exercises

Wean off crutches

Progressive hip ROM

Progress strengthening LE

- Hip isometrics for abduction and progress to isotonics
- Leg press (bilateral LE)
- Isokinetics: knee flexion/extension
- Progress core strengthening
- Begin proprioception/balance
- Balance board and single leg stance
- Bilateral cable column rotations
- Elliptical

Weeks 10-12

- Continue with previous core exercises

- Progressive hip ROM

- Progressive LE and core strengthening

Hip PREs and hip machine

Unilateral Leg press

Unilateral cable column rotations

Hip Hiking

Step downs

- Hip flexor, glute/piriformis, and It-band Stretching – manual and self

- Progress balance and proprioception

Bilateral Unilateral foam rollers and dynadisc

Treadmill side stepping from level surface holding on progressing to inclines

Side stepping with theraband

Hip hiking on stairmaster (week 12)

Weeks 12 +

Progressive hip ROM and stretching
Progressive LE and core strengthening
Endurance activities around the hip
Dynamic balance activities
Treadmill running program
Sport specific agility drills and plyometrics

3-6 months

Re-Evaluate (Criteria for discharge)

- Hip Outcome Score
- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Single leg cross-over triple hop for distance:
 - Score of less than 85% are considered abnormal for male and female
- Step down test