

Post-Operative Arthroscopic Hip Protocol

Mark B. Wagner, MD

Orthopedics Northwest
Tigard, OR

Erik P. Meira, PT, DPT, SCS, CSCS

Black Diamond Physical Therapy, Inc.
Portland, OR
Tualatin, OR

This protocol is to be followed under the supervision of your surgeon and/or physical therapist. Instructions from your surgeon or physical therapist that are specific to your case supersede this protocol in all instances. This protocol is current as of 2014.

Precautions for Specific Procedures

Acetabular Labral Debridement

- Weight-bearing as tolerated (WBAT).
- Limit range of motion (ROM) to 90 degrees of flexion for the first 2 weeks. Do not push into other directions more than tolerated for the first 2 weeks.
- No active ROM for the first 2 weeks. Minimize active flexion for the first 6 weeks.

Acetabular Labral Repair

- 50% Partial weight-bearing (PWB) progressing to weight-bearing as tolerated (WBAT) in first 2 weeks.
- Limit range of motion (ROM) to 90 degrees of flexion for the first 2 weeks. Do not push into other directions more than tolerated for the first 2 weeks.
- No active ROM for the first 2 weeks. Minimize active flexion for the first 6 weeks.
- No impact loading (jumping, running, swinging a racket/club/bat, etc) until at least 12 weeks post-op.

Femoral Osteoplasty

- 50% Partial weight-bearing (PWB) progressing to weight-bearing as tolerated (WBAT) in first 2 weeks.
- Limit range of motion (ROM) to 90 degrees of flexion for the first 2 weeks. Do not push into other directions more than tolerated for the first 2 weeks.
- No active ROM for the first 2 weeks. Minimize active flexion for the first 6 weeks.

Microfracture

- Touch Down weight-bearing (TDWB) for the first 6 weeks or as directed by the surgeon.
- No impact loading (jumping, running, swinging a racquet/club/bat, etc) until at least 18 weeks post-op.

Psoas Tenotomy

- 50% Partial weight-bearing (PWB) for the first 2 weeks.
- Limit range of motion (ROM) to 90 degrees of flexion for the first 2 weeks. Do not push into other directions more than tolerated for the first 2 weeks.
- No active ROM for the first 2 weeks.
- Minimize active flexion for the first 6 weeks.
- Make sure to perform hip flexor stretches as tolerated to assure sufficient final hip flexor length.

Capsular Modification

- 50% Partial weight-bearing (PWB) for the first 2 weeks.
- Limit external rotation (ER) ROM for 4 weeks.
- No active ROM for the first 2 weeks. Minimize active flexion for the first 6 weeks.
- No impact loading (jumping, running, swinging a racquet/club/bat, etc) until at least 12 weeks post-op.

Sample Acetabular Labral Repair with Femoral Osteoplasty Post-Operative Progression

Always observe the above precautions for specific procedures. Use the sample below for acetabular labral repair. Patients who have undergone only acetabular labral debridement may progress as tolerated once precautions have been met. Microfracture cases are delayed by 6 additional weeks. In general, progress no faster than tolerated. For example, ROM will usually progress on its own well once inflammation is reduced.

Weeks 0-2

- Passive ROM in all planes per precautions
- Isometrics in all planes as tolerated
- Exercise bike – Upright bike only with seat elevated one step higher than normal – Begin at 5 minutes then progress by 5 minutes each session as tolerated
- Gait training per precautions
- Use ice and painkillers as needed

Weeks 2-4

- Full weight-bearing as tolerated
- Progress to full passive ROM as tolerated

- May begin full active ROM
- Begin stretching into ER, IR, abduction, and extension gently as tolerated
- May add resistance to active ROM if tolerated – Focus on hip abductor strength - NO RESISTANCE TO HIP FLEXION
- May begin double-leg bridging and clamshells
- Exercise bike – May bring seat back down to normal position – Up to 45 minutes as tolerated – No standing during pedaling
- Continue gait training per precautions
- Continue using ice and painkillers as needed

Weeks 4-6

- Progress stretching into ER, IR, abduction, and extension
- Balance training as tolerated
- Begin mini-squats and other short range closed kinetic chain (CKC) exercises as tolerated
- May begin elliptical as tolerated
- Progress hip abductor training

Weeks 6-12

- Continue with elliptical training
- Continue to progress stretching into ER, IR, abduction, and extension
- Begin progressing squatting activities as tolerated – progress depth of squat before adding resistance
- Progress toward single-leg activities including CKC and OKC
- Progress proprioception activities as tolerated in a minimal impact environment
- By the end of week 12, the patient should have strength within 90% of uninvolved side

Weeks 12-24

- May begin running activities as tolerated
- Begin return to sport program specific to the needs of the patient
- Progressively return to impact activities (jumping, running, swinging a racquet/club/bat, etc)
- Only progress as tolerated

Questions?

Contact:

Erik P. Meira, PT, DPT, SCS, CSCS

(503) 288-4643

emeira@blackdiamondpt.com

Mark B. Wagner, MD

(503) 639-6002

portlandhiparthroscopy.com