Dr. Brent Carlson

Hip Arthroscopy with Femoroplasty, Labral Repair or Debridement

Patient: _____

Chippewa Valley Orthopedics & Sports Medicine
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Altoona, WI 54720 Chippewa Falls, WI 54729

DOS: _____

	Phase I			Phase II			Phase III			Phase IV
	Acute Care	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9-11 and beyond
Weight bearing**	25%	50%	50%	WBAT (continue to use AD while on uneven surface during weeks 3-6)						
Exercises are introduced on a weekly basis. **Please continue with previous exercises to ensure good flexibility and strength.** Prescription may alter this protocol. Please call Dr. Carlson with questions.										
Exercises: Progress per protocol. Stretch, soft tissue mob, for 6-10 weeks.	Ankle pumps	Add/abd isometrics	Standing Hip adduction and abduction	Standing hip flexion and extension	Seated active hip flexion and other core exercise on ball	Double leg 1/3, ½ partial squats while on total gym	Light leg press	Step ups	Lunges	**Return to competition** with full ROM, equal hip strength, no pain with all specific agility drills and ability to tolerate running program. **Please see Advanced Hip Arthroscopy Protocol for Weeks 9 and beyond. Functional testing for return to sport or high level of activity.**
	Pain free PROM hip flexion no greater than 90 deg	Heel slides		Prone knee flexion	Bike with resistance		Heel raises	Side-step add resistance as tolerated	Squats to 90	
	Passive supine hip IR roll	Bike, no resistance								
	Active supine hip IR roll									
RESTRICTIONS: In place for 5 Weeks. *Hip flexion no greater than 90 *Avoid ER past Neutral **Microfracture 6 weeks NWB** **To protect labral repair, avoid FADIR type motions for 6 weeks.**	Gluteal, Quad, hamstring isometrics		Active supine Hip IR	Bridges	Superman prone and then bird dog in quadruped	Side plank	Advance bridging single leg, Swiss ball	Single leg stance, advance surface as able	Lateral agility	
	Hip mobs, Grade I. Gentle long axis circumduction CW/CCW.	Soft tissue mobilization , IT band, TFL, glut med, area surrounding incisions, scars.	Prone on elbows	Supine marching	Add resistive tubing for standing hip flexion, adduction, abduction, extension	Hip joint mobility as needed.	Clamshells	Vectors, clocks	Single leg knee bends	
						Ham Curls	Mini squats	BOSU squats	Swim: water Plyo's	
							Elliptical			
		Transverse abdominal isometrics	SAQ's and LAQ's	Flexibility of quads, hams, gastroc	Side lying hip abduction, adduction, prone, hip extension.	Start PROM for flexion and ER, limit to 20º of ER and 105º flexion	Gradually restore full hip ROM	Advance pool activity, fins, step ups	Initial walk/jog/run program with progression	
					At week 4 with wound healed: **<u>Pool exercises:</u>** walking, ROM, march, lateral steps, backward walking, mini squats, heel raises, hamstring exercises.					**Questions? Please call Northwoods Therapy Associates** **Altoona, WI (715) 839-9266** **Chippewa Falls (715) 723-5060**
	Goal of Phase I: Protect integrity of repaired labrum, Restore ROM within limitations, diminish pain and inflammation, prevent muscular inhibition, normalize gait with 50% WB restrictions. **Criteria to advance:** Minimal pain, 90º hip flexion painfree, minimal range of motion limitations with IR, Ext, Abd. Normalized heel to toe gait with 50% WB.			**Goal of Phase II:** Protect labrum, increase ROM, normalize gait. **Criteria to advance**: 105º flexion, 20º ER. Pain free normal gait. Hip flexion strength ≥ 60% of opposite side. Hip Add, Ext, IR and ER. Strength ≥ 70% of opposite side.			**Goal of Phase III:** Restoration of muscular endurance, strength and cardiovascular endurance. Optimize neuromuscular control/balance. Proprioception. **Criteria to advance to Phase IV:** Hip flexion strength should be ≥ 70% of uninvolved side. Hip abd, add, ext, IR, ER strength should be ≥ 80% of uninvolved side. Pre-injury cardio ability and initial lateral and agility drills with good mechanics.			

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