Southern California Orthopedic
INSTITUTE

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Hip Arthroscopy with Femoral Neck Debridement
Protocol

Preoperative

Goals:

1. ***Patient is able to ambulate Independently Non Weight Bearing(NWB) with assistive device and Touch Toe Weight Bearing with assistive device on flat surfaces and stairs with good safety***
2. ***Patient is independent with beginning post operative HEP***

Treatment:

- Gait training with appropriate assistive device both (NWB) and TTWB to include flat surface ambulation training and stair training
- Initiate post operative HEP to include: ankle pumps, glut sets, quad sets, hamstring sets, adductor sets and abductor sets.

OVERALL GOAL: Brief rehabilitation with education on signs and symptoms of overuse and modification of activity to avoid pain.

This protocol is based on goal-oriented progression. Each patient is different and should be treated according to their tolerance in therapy.

Impact activity should not begin until at least seven weeks post-operative (i.e. running, jumping, Stairmaster) and should be started only when the patient exhibits a nearly full passive and active range of motion of the hip. Particular attention should be paid to the improvement of passive and active internal rotation of the hip. The patient will maintain weight-bearing restrictions for two weeks following the procedure (or as directed by surgeon).

I. Initial Phase:

Goals: Regain range of motion within tolerance, decrease swelling and pain, retard muscle atrophy.

A. Day of surgery:

1. Begin isometric glut sets and ankle pumps.

B. Post-operative days 1-7:

1. NWB crutch ambulation through day 2 postoperative and then to PWB. Continue partial weight-bearing (20% foot flat) for two weeks, then progress to WBAT to FWB.
2. Progress HEP exercises:

a. Isometric quad sets, glut sets, hamstring sets, adductor sets, abductor sets

b. Active assisted range of motion in all planes without pain.

c. Hip mobilization if beneficial in decreasing pain and increasing range
of motion with straight distraction.

- Inferior glide – patient supine, (hip and knee bent to 90°). Force applied at proximal anterior thigh with movement inferiorly.
- Posterior Glide – patient supine (hip and knee bent to 90°). Force applied down through knee for posterior hip movement.

d. Closed chain bridging, weight shifts, balancing drills.

e. Open chain abduction, adduction, flexion (not SLR), extension without resistance.

f. Pool exercises (surgical areas must be closed and dry); water resisted toning, swimming and walking drills.

3. Avoid early straight leg raises.
4. Modalities/Manual Therapy for pain control

II. Early Phase:

Goals: Regain and improve muscular strength and normalize joint arthrokinematics.

A. Post-operative weeks 2-3:

1. Continue to progress range of motion with gradual end range stretch within tolerance.
2. Progress weight bearing to WBAT
3. Begin progressive resistive exercises as tolerated:

a. Closed chain single leg bridging.

b. Open chain above knee resistive Thera-Band, ankle weight, pulley exercise in flexion, extension, adduction, abduction, hamstring curl as tolerated.

c. Bike (standard…do not use recumbent) with0-min resistance.

d. Progress pool exercises.

No impact or repetitive twisting activities.

4. Initiate UE/Trunk therapeutic exercise program
5. Modalities/Manual Therapy for pain control

III. Intermediate Phase:

Goals: Improve functional strength and endurance, without high impact.

A. Post-operative weeks 4-6:

1. Progressive weight-bearing as tolerated.
2. Continue flexibility exercises.
3. Continue to progress resistive strengthening and functional

strengthening exercises.

a. Closed chain exercises as tolerated include wall squats and leg press (minimal resistance).
b. Open chain activities all planes
c. Begin biking (Standard…avoid recumbent)
d. Progress UE/trunk therapeutic exercises
e. Modalities/Manual Therapy for pain control

IV. Advanced Phase:

Goals: Return to functional activities and sports-specific motions.

A. Post-operative weeks 7-12:
   1. Begin progression to functional activities
   2. Pivoting and rotational (high impact) activities gradually introduced.
      a. No Pain
      b. Predicated on normal range of motion prior to institution of activities

B. Return to full activities weeks 8-12, as tolerated

C. Full, unrestricted activities at 12-16 weeks.

D. Return to Sports 16 weeks to 6 months if athlete is able to safely perform all physical requirements of their sport without compensation

ARTHRITIC PATIENTS: DO NOT PUSH TO GAIN MOTION. Limited pain free motion is acceptable.