Hip Arthroscopy - Debridement Protocol

Preoperative

Goals:
1. Improve strength and ROM within patient tolerance
2. Decrease pain and reduce muscular spasms/tightness
3. Patient independent with crutches both NWB and WBAT
4. Patient is independent with beginning post op therapeutic exercises

Treatment:
- ROM all planes within patient tolerance (pain minimized)
  - Active assist and active
- Therapeutic exercise specific to patient’s functional deficits.
  - Not to push patient into increased symptoms
- Gait training with crutches/walker
  - Include NWB for first 2 days post op
  - Progress to WBAT
  - Include stairs and safety precautions
- Show patient HEP starting on post op day 1.
  - Setting exercise
    - Quadriceps
    - Hamstrings
    - Flexors
    - Extensors
    - Abductors
    - Adductors
    - Ankle pumps/circles

Postoperative Day of Surgery

Goal:
1. Safe ambulation NWB with assistive device
2. Initiation of HEP

Treatment:
- start post op HEP

Postoperative Week 1

Goal:
1. Safe ambulation WBAT with assistive device
2. Initiate outpatient therapy
3. Initiate Active Assist ROM program
4. Progress therapeutic exercises
5. Maintain physical Health of noninvolved body parts
6. **Control pain/inflammation/myofascial restrictions**

Treatment:
- WBAT with assistive device
- Start Therapy
  - Initiate inferior glide and posterior glide mobilizations
  - Pool therapy *if* the portals are closed
- Progress HEP
  - Clam shells, reverse clam shells, abducted reverse clamshells
  - Closed Chain Bridging
  - Weight shifts
  - Beginning balance work
  - Avoid SLR
- Consider exercise bike (standard...do not use recumbent) at 0-minimal resistance
- General training for UE, trunk, uninvolved LE, to assist in maintaining physical health
- Modalities and manual therapy to assist in controlling pain, inflammation, and soft tissue concerns

**Postoperative Week 2 – 4**

**Goal:**

1. *Improve muscular strength*
2. *Regain normalized joint arthrokinematics*

Treatment:
- Progress patient off crutches as gait normalizes
- Progress ROM with gradual end range stretching within patient tolerance
- Begin PRE’s as tolerated
  - Closed chain single limb bridging
  - Open chain AROM exercises all planes against resistance (applied above the knee)
  - Continue bike if tolerated (DO NOT USE RECUMBENT)
  - Progress pool exercises
  - Avoid – impact or repetitive twisting activities
- Continue UE and trunk exercises
- Modalities and manual therapy to assist in controlling pain, inflammation, and soft tissue concerns

**Postoperative Week 5 – 6**

**Goals:**

1. *Improve functional strength and functional endurance*

Treatment:
- Continue flexibility exercises
- Progress resistive and functional training program
- Add Elliptical as tolerated
- Increase single limb stance and add balance pads, plyoback, etc to improve proprioception
- Progress closed chain and open chain exercises
- Continue UE and trunk work
- Modalities and manual therapy to assist in controlling pain, inflammation, and soft tissue concerns

Postoperative Week 7 – 10

Goals:

1. *Restore patient to normalized function*

Treatment:

- Function/activity specific training
- May begin high impact activities

*In the case of Arthritic patient, do not push to gain ROM. Stay within pain free ROM*