

## 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)
  - o Active assist and active
- Therapeutic exercise specific to patient's functional deficits.
  - o Not to push patient into increased symptoms
- Gait training with crutches/walker
  - o Include NWB for first 2 days post op
  - o Progress to WBAT
  - o Include stairs and safety precautions
- Show patient HEP starting on post op day 1.
  - o 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
  - o Initiate inferior glide and posterior glide mobilizations
  - o Pool therapy **if** the portals are closed
- Progress HEP
  - o Clam shells, reverse clam shells, abducted reverse clamshells
  - o Closed Chain Bridging
  - o Weight shifts
  - o Beginning balance work
  - o 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
  - o Closed chain single limb bridging
  - o Open chain AROM exercises all planes against resistance (applied above the knee)
  - o Continue bike if tolerated (DO NOT USE RECUMBENT)
  - o Progress pool exercises
  - o 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***