# <u>Post Operative Hip Arthroscopy Rehabilitation Protocol for Dr. Blake Bodendorfer</u> <u>Labral Repair With or Without FAI Component</u>

#### **ROM Restrictions:**

-Perform PROM in patient's PAIN FREE Range

FLEXION	CION EXTENSION		INTERNAL	ABDUCTION		
		ROTATION	ROTATION			
Limited to:	Limited to:	Limited to:	Limited to:	Limited to:		
90 degrees x 2	0 degrees x 3	*30 degrees @ 90	*20 degrees @ 90	30 degrees x 2		
weeks (may go	weeks	degrees of hip	degrees of hip	weeks		
higher in the CPM)		flexion x 3 weeks	flexion x 3 weeks			
		*20 degrees in	*No limitation in			
		prone x 3 weeks	prone			

# Weight Bearing Restrictions: Gait Progression:

20# FOOT FLAT Weight Bearing	Begin to D/C crutches at 3 weeks (6 wks if			
-for 3 weeks (non-Micro-fracture)	MicroFracture is performed).			
-for 6 weeks (with Microfracture)	Patient may be fully off crutches and brace			
	once gait is PAIN FREE and NON-			
	COMPENSATORY			

#### **PATIENT PRECAUTIONS:**

- -NO Active lifting of the surgical leg (use a family member/care taker for assistance/utilization of the non-operative leg) for approximately 4 weeks
- -NO sitting greater than 30 minutes at a time for the first 3 weeks
- -DO NOT push through pain

## **POST-OP DAY 1/INITIAL PHYSICAL THERAPY VISIT:**

## ☑ Check List:

Activity/Instruction	Frequency	Completed ?
Instructed in ambulation and stairs with crutches and 20# FFWB		
Upright Stationary bike no resistance	20 minutes daily	
CPM usage	4 hours/day (decrease to 3 hours if stationary bike used for 20')	
Instruction on brace application/usage		
PROM (circumduction, abduction, log rolls) instructed to the family/caregiver *maintain restrictions for 3 weeks	20 minutes; 2 times each day	
Prone lying	2-3 hours/day	
Isometrics (quad sets, glut sets, TA activation)	Hold each 5 seconds, 20 times each, 2x/day	

#### PHASE 1

Goal: Protect the Joint and Avoid Irritation

PT Pointers:

- -Goal is symmetric ROM by 6-8 weeeks
- -NO Active open chain hip flexor activation
- -Emphasize Proximal Control
- -Manual Therapy to be provided **20-30 minutes/PT** session

Date of surgery:	Week	1	2	3	4	5	6
Stationary bike (20 min, Increase time at week 3 as patient tolerates)	Daily	✓	✓	✓	✓	✓	✓
Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas,	Daily (20-30 minutes each	✓	✓	✓	✓	✓	✓
QL and Inguinal ligament)	session)						
Isometrics	daily	✓	✓				
-quad, glutes, TA							
Diaphragmatic breathing	daily	✓	✓				
Quadriped	daily	✓	✓	✓			
-rocking, pelvic tilts, arm lifts							
Anterior capsule stretches: surgical leg off table/Figure 4	daily			✓	✓	✓	✓
Clams/reverse clams	daily	✓	✓	✓			
TA activation with bent knee fall outs	daily	✓	✓	✓			
Bridging progression	5x/week		✓	✓	✓	✓	✓
Prone hip ER/IR, hamstring curls	5x/week		✓	✓	✓	✓	✓

#### PHASE 2

Goal: Non-Compensatory Gait and Progression

#### PT Pointers:

- -Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns
- -Provide tactile and verbal cueing to enable non-compensatory gait patterning
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -If MicroFracture was performed, Hold all weight bearing exercises until week 6

Date of Surgery:	Week	3	4	5	6	7	8	9	10
Progress off crutches starting week 3		✓							
Continuation of soft tissue mobilization to treat	2x/week	✓	✓	✓	✓	✓	✓	✓	✓
specific restrictions									
Joint Mobilizations posterior/inferior glides	2x/week			✓	✓	✓	✓	✓	✓
Joint Mobilizations anterior glides	2x/week					✓	✓	✓	✓
Prone hip extension	5x/week	✓	✓	✓					
Tall kneeling and ½ kneeling w/ core and shoulder girdle strengthening	5x/week	✓	<b>√</b>	<b>√</b>	<b>√</b>				
Standing weight shifts: side/side and anterior/posterior	5x/week	<b>√</b>	<b>√</b>						
Backward and lateral walking no resistance	5x/week	✓	✓						
Standing double leg ⅓ knee bends	5x/week		✓	✓	✓				
Advance double leg squat	5x/week				✓	✓	✓	✓	✓
Forward step ups	5x/week				✓	✓	✓	✓	✓
Modified planks and modified side planks	5x/week				✓	✓	✓	✓	✓
Elliptical (begin 3 min, ↑ as tolerated)	3x/week				✓	✓	✓	✓	✓

## Phase 3

Goal: Return the Patient to Their Pre-Injury Level

#### PT Pointers:

-Focus on more FUNCTIONAL exercises in all planes

-Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises

-More individualized, if the patients demand is higher than the rehab will be longer

Date of surgery	Week	8	9	10	11	12	16
Continue soft tissue and joint mobilizations PRN	2x/week	✓	✓	✓	✓	✓	
Lunges forward, lateral, split squats	3x/week	✓	✓	✓	✓	✓	✓
Side steps and retro walks w/ resistance (begin w/	3x/week	✓	✓	✓	✓	✓	✓
resistance more proximal)							
Single leg balance activities: balance, squat, trunk	3x/week	✓	✓	✓	✓	✓	✓
rotation							
Planks and side planks (advance as tolerated)	3x/week	✓	✓	✓	✓	✓	✓
Single leg bridges (advance hold duration)	3x/week	✓	✓	✓	✓	✓	✓
Slide board exercises	3x/week			✓	✓	✓	✓
Agility drills (if pain free)	3x/week			✓	✓	✓	✓
Hip rotational activities (if pain free)	3x/week			✓	✓	✓	✓

#### Phase 4

Goal: Return to Sport

PT Pointers:

- -It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery
- -Perform a running analysis prior to running/cutting/agility
- -Assess functional strength and obtain proximal control prior to advancement of phase 4

Date of surgery	Week	16	20	24	28	32
Running		In Alter G	✓	✓	✓	✓
Agility			✓	✓	✓	✓
Cutting				✓	✓	✓
Plyometrics				✓	✓	✓
Return to sport specifics				✓	✓	✓

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