

## Hip Arthroscopy Physiotherapy Protocol

### Phase 1 (Toe touch weight bearing: 4 weeks or as directed by surgeon)

#### Objectives:

1. Improve recruitment and maintain endurance properties of key muscle groups. For this reason exercises should have low load with a high number of repetitions per set.
2. Manage the post op inflammatory stage of healing.
3. Preserve existing pain free range of motion.
4. Aid in mobility and ADL's for crutch walking.

#### Avoid:

- Weight bearing more than 20 lbs. through the affected limb.
- Flexion combined with adduction or internal rotation – PROM should not produce anterior groin pain or any of the patients pre-surgical pain pattern.
- Hip joint traction or distraction (the capsule requires time to recover from the distraction and trauma experienced in surgery).

#### Suggested Exercises:

- Abdominal “inner unit” – transverse abs, multifidus, pelvic floor.
- Psoas.
- Gluts with particular emphasis on glut med.
- Recumbent bike (no anterior groin pain in flexion) with low resistance as tolerated.
- Pendulum exercises for pain relief.

**\*\* Watch for compensatory activation of TFL, adductors and hamstrings\*\***

#### Manual techniques (If appropriate)

- PROM in all planes of movement and quadrants.
- PNF stretching or soft tissue release of short muscle groups (watch for pre-existing or developing flexion contracture, hypertonic TFL, adductors and hamstrings).

#### Symptomatic control

- Ice and/or modalities as required.
- Pain relief meds as prescribed.

#### Watch For

- Signs of infection.
- Worsening pain and/or decreasing range of motion after the start of any new exercises

**\*\* Counsel patient that clicking, popping and a moderate diffuse aching is normal at this stage.**

### Phase Two (6-12 weeks)

Criterion for advancement: Post-surgical pain and effusion should be resolved. There may be some mild pain after commencing weight bearing that should not carry over to the next day.

#### Objectives:

1. Optimize lower extremity mechanics in weight bearing with emphasis on lumbo-pelvic control and reduction of femoral internal rotation/adduction during stance.
2. Improve range of motion.
3. Restore proprioception and balance.
4. Improve muscular strength and endurance.
5. Progress ADL's and work activities on an “as tolerated” basis.
6. Prepare muscular/nervous system for return to activity/occupation/sport.

#### Suggested Exercises

- Gluts (med and max).
- Psoas.
- “Outer unit” lumbo-pelvic stabilizers (see work by Stuart McGill for reference).
- Recumbent Bike – increase resistance as tolerated.

- Challenging balance and proprioception exercises.
- Gait retraining – Emphasis on correction of trendelenburg and compensated trendelenburg patterns, as well as advancement of the hip in internal rotation.
- Functional movements (i.e.: squat, inline squat, single hand carry)

#### Manual Techniques

- Soft tissue length/mobility – look for restrictions to anterior capsule, adductors, hamstrings and hip flexors.
- Joint mobilization into restricted planes provided there is no joint pain produced.

#### Watch For

- A progressive decrease in ROM (capsular pattern). This may indicate that exercises are too aggressive for the patient's stage of healing.
- Increased tone in TFL, adductors and hamstrings. This may indicate that exercises focused on hip stabilizers are being performed incorrectly.
- An increase in diffuse pain that does not resolve by morning. This may indicate that the patient is increasing activity too quickly.

### **Phase 3 (3-6 months)**

Criterion for advancement: The patient is back to normal ADL's and occupational activities without activity dependent pain.

#### Objectives

1. Return to sport and physically demanding occupational tasks.
2. Continue to improve upon range of motion.

#### Exercises

- -Sport/occupation specific exercises that consider strength, endurance, balance and proprioception requirements of the individual patient.

Manual Techniques – same as phase two with manual traction/distraction allowed as tolerated.

**\*\* Return to sport typically at 6 months. Return to straight line running typically at 3 months.**