



Open Hip Surgery Physical Therapy Protocol

The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/PTA/ATC use appropriate clinical decision-making skills when progressing a patient forward.

Please call (833) 872-4477 to obtain the operative report from our office prior to the first post-op visit. Please contact our office if there are any questions about the protocol or your patient's progression.

Please keep in mind common problems that may arise following hip arthroscopy: hip flexor tendonitis, adductor tendonitis, sciatica/piriformis syndrome, ilial upslips and rotations, LB pain from QL hypertonicity and segmental vertebral rotational lesions. If you encounter any of these problems, please evaluate, assess, and treat as you feel appropriate, maintaining American Hip Institute's precautions and guidelines at all times.

Gradual progression is essential to avoid flare-ups. If a flare-up occurs, back off with therapeutic exercises until it subsides. Please reference the exercise progression sheet for timelines and use the following precautions during your treatments. Thank you for progressing all patients appropriately. **Successful treatment requires a team approach, and the PT/PTA/ATC is a critical part of the team! Please contact AHI at any time with your input on how to improve the therapy protocol.**

Please send therapy progress notes and renewal therapy prescription requests with the patient or by fax to (630) 323-5625. Notes by fax must be sent 3 days prior to the patient's visit to internally process this request. We appreciate your cooperation in this matter.

Please Use Appropriate Clinical Judgment During All Treatment Progressions

Initial Pre-op Assessment

Assess bilateral hips
ROM – flexion, extension, IR, ER, abd, add
Gait – look for Trendelenburg gait
Impingement test – flexion/adduction/IR often reproduces pain
Ober test
Strength – abduction, flexion, extension

Begin therapy the following day after surgery. Therapy should begin 1 time per week for first 6 weeks, then 2-3 times per weeks after discharged from brace and crutches at 6 weeks following surgery, unless instructed otherwise by AHI MD.



Phase 1- Immediate Rehabilitation (day after surgery – end of week 6):

Goals:

- Protection of the repaired tissue
- PROM within guidelines
- Prevent muscular inhibition and gait abnormalities
- Diminish pain and inflammation

Precautions:

- 20 lb. heel-touch weight-bearing post-op, duration per MD orders depending on procedure
- Do not push through pain or pinching, gentle stretching will gain more ROM

Initial Exercises

PROM: within range limitations, pain free.

Please follow posterior hip precautions for 6 weeks postop

ROM Guidelines (pain free)

Flexion: 70° x 6 weeks

Ext: 0° x 6 weeks

Abd: NO ACTIVE ABDUCTION

ER: 70 deg. hip flexion: 30 deg x 6 weeks; neutral (prone): 20 deg x 6 weeks

After 6 weeks, gradually progress ROM as tolerated, **within pain-free zone*

- STM (scar, anterior, lateral, medial and posterior aspects of hip, lumbar paraspinals, quad/hamstring)

-Stationary bike with no resistance

-Isometric (quad setting, gluteal setting, TA isometrics with diaphragmatic breathing)

-Prone lying (modify if having low back pain)

-Avoid any active contraction of iliopsoas

Phase 2 – Intermediate Rehabilitation (week 7 – end of week 12):

Criteria for progression to phase 2

Non weight bearing exercise progression may be allowed if patient is not progressed by MD to full weight bearing

Goals:

- Protection of the repaired tissue
- Restore Full Hip ROM – (ROM must come before strengthening)
- Restore Normal Gait Pattern
- Progressive Strengthening of Hip, Pelvis, and LE's
- Emphasize gluteus medius strengthening (non-weight bearing)

Precautions:

- No forced (aggressive) stretching of any muscles
- No active abduction
- Avoid inflammation of hip flexor, adductor, abductor, or piriformis



Intermediate Exercises

Gentle strengthening; ROM must come before strengthening

- Stationary bike no resistance, add resistance at 10-12 weeks
- Hooklying progression: pelvic clock, TA w bent knee small range ER, marching, add isometric w kegel ball, isometric abduction with ring.
- Prone progression: IR/ER AROM, prone on elbows with glut setting-press ups, hip extension, alternating arm/leg raise.
- Side lying progression: clams 30 deg hip flexion to 60 deg hip flexion, hip abduction straight leg raise, side plank on elbow.

- Address pelvic and lumbar alignment
- 1/2 kneel: gentle pelvic tilt for gentle stretch of iliopsoas
- Bridge progression
- Balance progression: double leg to single leg balance
- Pelvic floor strengthening
- Elliptical / stair stepper
- Step and squat progression
- Slide board: hip abduction / adduction, extension, IR/ER. No forced abduction. Stop short of any painful barriers.
- Continue to avoid any active contraction of iliopsoas**

Phase 3 – Advanced Rehabilitation (week 13 – end of week 16):

Criteria for progression to Phase 3:

- Full ROM
- Pain free Normal gait pattern
- Hip flexor strength of 4/5
- Hip abd, add, ext, and IR/ER strength of 4+/5

Goals:

- Full Restoration of muscular strength and endurance
- Full Restoration of patient's cardiovascular endurance
- Emphasize gluteus medius strengthening in weight bearing**

Precautions:

- No contact activities
- No forced (aggressive) stretching

Exercises:

- No treadmill walking until 16 weeks
- 4-pt lumbar / core stabilization progression
- Anterior / side plank progression
- Crab / monster walk
- Lunges all directions
- Single leg squat
- Continue progressions of exercises in phase II.**



Phase 4 – Sport Specific Training > 16-18 weeks

Criteria for progression to Sport Specific Training:

- Hip flexor strength 4+/5
- Hip add, abd, ext, IR/ER 5-/5
- Cardiovascular endurance equal to pre-injury level
- Demonstrates proper squat form and pelvic stability with initial agility drills, stable single-leg squat
- Return to sport activities as tolerated without pain, consistent with MD orders.

Exercises:

- Develop customized strengthening and flexibility program based on Patient's sport and/or work activities
- Z cuts, W cuts, Cariocas
- Agility drills
- Jogging
- Gradual return to sport

**** MODIFICATIONS FOR SPECIFIC PROCEDURES ****

Surgical release of iliopsoas or piriformis may have been performed. Please see operative report and consider the following therapeutic techniques. Please utilize the most conservative protocol when multiple surgical procedures were performed.

Piriformis Release:

POD #1 begin stretch piriformis (flexion, adduction, ER) without causing anterior hip pain and sciatic nerve flossing (Phase 1)

Gentle active release of piriformis (Phase 2)

Iliopsoas Release:

Begin gentle stretch beginning with prone lying (Phase 1).

Gentle active release of iliopsoas (Phase 2)



Examples of Strengthening Exercises



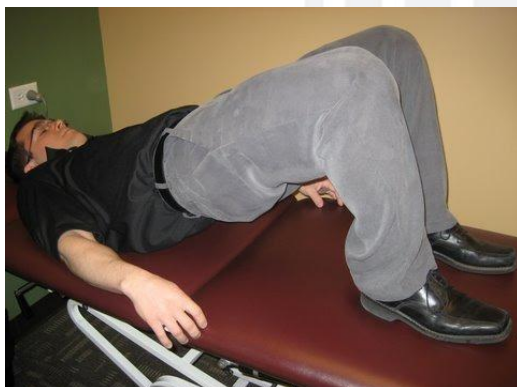
Heel Squeeze

Sitting in a chair with good posture and feet well supported, turn your heels in towards one another so that they are touching (toes/knees apart) and gently squeeze together. Hold 10 seconds. Come back to the center so that toes are pointing straight ahead and relax 10 seconds. Add resistance band to progress.



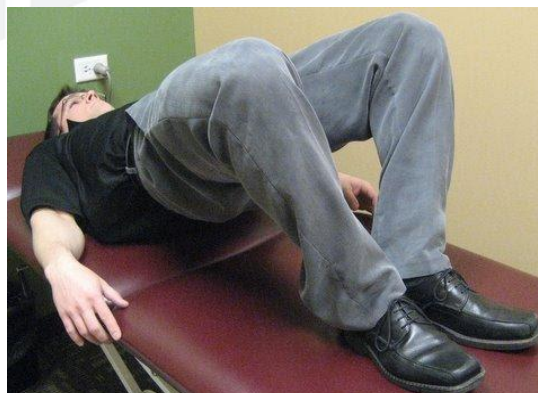
Toe Squeeze

Sitting in a chair with good posture and feet well supported, turn your toes and knees in towards one another so that they are touching (heels apart) and gently squeeze together. Hold 10 seconds. Come back to the center so that toes are pointing straight ahead and relax 10 seconds. Progress using a ball between the knees.



Bridging

Gently squeeze your buttocks as you raise your hips off the ground, knees bent and feet shoulder width apart.



Bridging

Gently squeeze your buttocks as you raise your hips off the ground, knees bent and apart while keeping the feet together.



Slideboard Exercises

(Small range avoiding hip discomfort)

- Abduction / Adduction
- Extension
- Internal / External Rotation
- Twist