



Hip Arthroscopy-Subchondroplasty

Post-Operative Rehabilitation Protocol

Initial PROM Restrictions Post-op Week 0-3				
FLEXION	EXTENSION	EXTERNAL ROTATION	INTERNAL ROTATION	ABDUCTION
Limited to: 90 degrees x 2 weeks (may go higher in the CPM)	Limited to: 0 degrees x 3 weeks	Limited to: 30 degrees at 90 degrees of hip flexion x 3 weeks 20 degrees in prone x 3 weeks	Limited to: 20 degrees at 90 degrees of hip flexion x 3 weeks *No limitations in prone	Limited to: 30 degrees x 2 weeks

0-1 week

- WB Status
 - NWB for 6-8 weeks
- Provide instructions for ambulation and stairs with crutches
- Suggested Therapeutic Exercises
 - Upright stationary bike with no resistance
 - 20 minutes daily
 - CPM usage 4 hours/day
 - Can decrease to 3 hours if stationary bike is used
 - Post-op brace instructions: on at all times with ambulation
 - Can use brace or abduction pillow for sleep x 2 weeks
 - Begin PROM (circumduction, abduction, log rolls)
 - 20 minutes for 2 times per day
 - Provide instructions to family member/caregiver
 - Maintain provide PROM restriction x 3 weeks
 - Prone lying: 2-3 hours per day
 - Isometrics (quad sets, glut sets, TA activation)
 - Hold each 5 seconds, 20x each for 2 times per day

1-3 weeks

- Goal: Protect the joint and avoid irritation
- PT Pointers:
 - Goal is symmetric ROM by 6-8 weeks
 - NO active open chain hip flexor activation
 - Emphasize proximal control
 - Manual therapy should be provided 20-30 min/session

Weight Bearing Status

NWB x 6-8 weeks

Brace Settings

Locked 0-90° when ambulating or sleeping. Patient may sleep in abduction pillow or brace.



- Suggested Therapeutic Exercises
 - Continue stationary bike
 - 20 min, can increase time at week 3 as tolerated
 - Soft tissue mobilization: 20-30 min each session
 - Specific focus on adductors, TFL, QL, and inguinal ligament
 - Isometrics: quads, glutes, TA (week 1-2)
 - Diaphragmatic breathing (week 1-2)
 - Quadriped: rocking, pelvic tilts, arm lifts
 - Anterior capsule stretches: surgical leg off table/figure 4
 - Clams/reverse clams (week 1-3)
 - TA activation with bent knee fall outs (week 1-3)
 - Bridging progression: 5x/week (week 2-6)
 - Prone hip ER/IR, hamstring curls: 5x/week (week 2-6)
- WB Status:
 - Core decompression, or subchondroplasty WBAT progression does not begin until 6 weeks post-op

3-10 weeks

- Goal: Non-compensatory gait and progression
- PT Pointers
 - Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns at least 6 weeks
 - 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
 - Core decompression, or subchondroplasty was performed hold all weightbearing exercises until week 6
- WB Status
 - Begin WBAT progression starting between 6-8 weeks*: advance TTWB to PWB (25% then 50%) then continue to progress until full WBAT under PT guidance
 - Progress off crutches beginning at 7-8 weeks
 - Can discontinue brace at the same time crutches are discontinued
- Suggested Therapeutic Exercises
 - Continue stationary bike
 - 20 minutes, can increase time at week 3 as tolerated
 - Continue soft tissue mobilization: 20-30 min each session
 - Targeting specific restrictions
 - Continue anterior capsule stretches: surgical leg off table/figure 4
 - Continue prone hip ER/IR, hamstring curls until 6 weeks post-op
 - Begin prone hip extension: 5x/week (week 3-5)



- Perform tall kneeling and ½ kneeling with core and shoulder girdle strengthening: 5x/week (week 3-6)
- Standing weight shifts: side/side and anterior/posterior: 5x/week (week 6)
- Backward and lateral walking no resistance: 5x/week (week 6-8)
- Standing double leg 1/3 knee bends: 5x/week (week 8-10)
- Advance double leg squat 5x/week (week 8-10)
- Forward step ups: 5x/week (week 8-10)
- Modified planks and modified side planks: 5x/week (week 8-10)
- Elliptical: may begin with 3 min at 8 weeks, increase as tolerated
- Joint Mobilizations:
 - Posterior/inferior glides 2x/week (week 6-10)
 - Anterior glides 2x/week (week 7-10)

10-16 weeks

- 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, at the patient's demand is higher than rehab will be longer
- Suggested Therapeutic Exercises
 - Continue soft tissue and joint mobilizations as needed
 - Lunges forward, lateral, split squats: 3x/week
 - Side steps and retro walks with resistance (begin with resistance more proximal): 3x/week
 - Single-leg balance activities-balance, squat, trunk rotation: 3x/week
 - Planks and side planks (advance as tolerated)
 - Single-leg bridges (advance whole duration)
 - Slide board exercises: 3x/week
 - Agility drills (if pain-free): 3x/week
 - Hip rotational activities (if pain-free): 3x/week

16-32+ weeks

- Goal: Return to sport
- PT pointers:
 - It typically takes 4-6 months to return to sport, possibly 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
- Suggested Therapeutic Exercises



- Running progression, begin on Alter G at week 16 progress as tolerated
- Agility exercises beginning week 20
- Multidirectional/cutting activities beginning week 24
- Plyometrics beginning week 24
- Return to sport specific exercises beginning week 24



Exercise	Week														
	1	2	3	4	5	6	7	8	9	10	12	16	20	24	
Initial Exercises:															
PROM (circumduction, abduction, log rolls)	█														
Prone lying	█														
Isometrics (quad sets, glut sets, TA)	█														
Soft Tissue Mobilization	█														
Anterior capsule stretches	█		█												
Ankle Pumps	█														
Crutch weaning							█								
Clams/reverse clams	█														
Bridging progression (5x/week)						NWB				█					
Prone hip ER/IR, hamstring curls (5x/week)		█													
Joint Mob post./inf. (ant. begin at 7weeks*)						█									
Weight-bearing Strength Exercises:															
Standing weight shifts (side/side, ant/post)							█								
Hip Hinge Training							█								
Double leg squat							█								
Forward step ups							█								
Modified planks/side planks							█								
Single leg balance (squat, trunk rotation)							█								
Single leg bridges							█								
Lunges (forward, lateral, split squat)							█								
Cardiovascular Exercises:															
Bike w/ both legs (only non-op leg pedaling)-no resistance	█														
Bike w/ both legs-resistance							█								
Aquajogging							█								
Treadmill-walking 7% incline							█								
Swimming (pending incision healing, no breaststroke until 16 weeks)							█								
Elliptical Trainer							█								
Rowing							█								
Stair stepper							█								
Agility Exercises:															
Running Progression													█		
Initial-Single Plane													█		
Advance-Multi Directional													█		
High Level Activities:															
Golf Progression													█		
Outdoor biking, hiking, running													█		
Return to Full Sport at 6-9 months post-op													█		

Adapted from post-operative protocol created by Howard Head Physical Therapy, Jill Monson, PT, OCS and Jon Schoenecker, PT, OCS, CSCS