



Duke Sports Medicine

Hip Arthroscopy Protocol

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Sports Medicine: Knee, Shoulder, Hip

PHASE I: Generally 0 - 6 Weeks Post-Op

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| GOALS: | 1) Protect surgical repair 2) Minimize pain and swelling |
| PRECAUTIONS: | Hip flexion ROM 0-90° for first 1-2 weeks Avoid exercises that engage the iliopsoas during the first several weeks after surgery. Iliopsoas tendonitis is a known side effect of hip arthroscopy but can be avoided with appropriate post-operative care, including avoiding exercises that have high activity of the iliopsoas (such as straight leg raises, resisted hip flexion, abductor strengthening that incorporates significant co-contraction) |
| CRUTCHES: | WBAT |
| WOUND: | Post-op dressing remains intact until post-op day #2 (~48 hours after surgery) May shower after post-op day #2 (no need to cover incision site) Do NOT submerge hip in tub or pool for 4 weeks Suture removal @ 10-14 days post-op, per Ortho/PT |
| CRYOTHERAPY: | Cold with compression/elevation (e.g. CryoCuff, ice with compression wrap) <ul style="list-style-type: none"> every hour for 15 minutes for the first 24 hours, until acute inflammation is controlled After acute inflammation is controlled: 3x per day for 15 minutes or longer as tolerated |
| REHABILITATION: | Frequent use of CryoCuff and/or ice with lower extremity elevated Begin scar massage after incision site sloughs/scar is formed Perform the following rehabilitation exercises |
| <i>~1-2 weeks</i> | Stationary bike for range of motion- no resistance Heel slides to 90° flexion Calf pumping Electrical stimulation in full extension with quad sets Quad sets, co-contractions hamstring/quads Short arc quads Glut sets Adductor isometric sets (squeeze pillow between legs) Abductor isometric sets (belt around thighs, push out) Gentle hamstring stretch |

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| <i>~3-4 weeks</i> | <p>AAROM, AROM through full range as tolerated</p> <ul style="list-style-type: none"> -Rocking to heel in quadruped position -Prone lying and gentle prone press ups <p>Standing straight leg raises x4 directions Weight shifts and mini squats in parallel bars Heel raises-double leg to single leg Core stabilization exercises</p> <ul style="list-style-type: none"> -Double leg bridging exercises-neutral pelvis -Transverse abdominis contraction <p>Stationary bike for range of motion-minimal resistance Pool therapy-chest deep running, aqua jogger</p> |
| <i>~5-6 weeks</i> | <p>Continue appropriate previous exercises</p> <p>Standing straight leg raise x4 with theraband bilaterally Hamstring curls and knee extension weight machines Leg press (up to 1/2 body weight) Proprioception exercises-single leg ball toss and body blade Core stabilization exercise</p> <ul style="list-style-type: none"> -Side bridge -Plank (hold push up position on elbows) <p>Treadmill-walking progression program Stairmaster Pool therapy-unrestricted</p> |
| FOLLOW-UP: | <p>Physical therapy: weekly Ortho: ~2 and ~6 weeks post-op Supervised rehab: 2-3x per week</p> |

PHASE II: Generally 7-12 Weeks Post-Op

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| PHASE II GOALS: | 1) Walk 2 miles at 15 minute per mile |
| PRECAUTIONS: | <p>Post-activity soreness should resolve within 24 hours</p> <p>No ballistic or forced stretching</p> <p>Avoid post-activity swelling or muscle weakness</p> <p>Be cautious with repetitive hip flexion activities, such as treadmill and Stairmaster</p> |
| REHABILITATION: | <p>Continue Phase I exercises as needed</p> <p>Progress to the following exercises and increase intensity gradually when patient is ready (i.e. no increase in knee pain or effusion since the previous exercise session)</p> |
| <i>~7-8 weeks</i> | <p>Continue appropriate previous exercises with progressive resistance</p> <p>Forward, retro-, and lateral step downs (med to large step)</p> <p>Hip weight machine x4 directions</p> <p>Hip rotation and weight-bearing with that machine, cable/cord</p> <p>Functional training-fitter, slide board</p> <p>Treadmill-walking progression of approaching 15 minutes per mile pace</p> |

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| | Quad stretches |
| <i>~9-12 weeks</i> | Continue appropriate previous exercises Advance core stabilization exercise <ul style="list-style-type: none"> • Paloff Press • Quadruped swimmer • Double leg lower • Physioball exercises Pushup progression Treadmill- Walk to run progression Pool-begin swimming laps |
| FOLLOW-UP: | Physical therapy: bimonthly Ortho: ~12 weeks post-op Supervised rehab: 2-3x per week as needed |
| TESTING: | Y-balance testing |

PHASE III: Generally 12-16 Weeks Post-Op

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| GOALS: | <ol style="list-style-type: none"> 1) Returned to all activities 2) Hop for distance > 90% compared to uninvolved side 3) Past APFT at 6 months postop |
| PRECAUTIONS: | No contact sports until 6 months postop |
| REHABILITATION: | Continue Phase II exercises as needed Progress to the following exercises and increase intensity gradually when patient is ready (i.e. no increase in knee pain or effusion since the previous exercise session) |
| <i>~12-16 weeks</i> | Continue appropriate previous exercises Sit up progression Agility drills/ Plyometrics Transition to home/gym program |
| FOLLOW-UP: | Physical therapy: monthly Ortho: ~6 months post-op Supervised rehab: 1-2x per week as needed |
| DISCHARGE GOALS: | Hop test and Y-balance limb symmetry > 90% Isokinetic testing limb symmetry > 85% Full return to sports/athletics and military training without limitations |
| MISCELLANEOUS: | After 6 months post-op, exercises in Phase III are continued, gradually increasing intensity and duration as needed based on patient specific limitations and sport specific activities. The recommendation is to wait until 6 months post-op to return to contact/collision sports or aggressive military training (i.e. airborne school). This time period may be adjusted slightly by the surgeon and therapist according to patient progress and functional outcomes. |

