

RJAH Hip Arthroscopy Rehabilitation Guide

Patient Details:

Co-morbidity (if applicable follow the most conservative guide for the relevant phase):

Note to Therapist:

**This is a guide to progression, not an exhaustive list of rehabilitation and does not replace clinical reasoning.*

**Treat any soft tissue symptoms on their merit.*

**Ensure early goal setting with patient to establish rehabilitation aims and phase of rehab they need to achieve for their level of function*

**Objective Tests (not exhaustive) can be used as an indication for progression. The choice can be individualised for the patient.*

**Special Instruction(s) includes specific post-operative advice for the individual patient based on their surgeon's recommendation (as applicable). This will be completed on discharge or follow-up clinic appointments.*

PHASE OF REHABILITATION	IDEAL CRITERIA	REHABILITATION GUIDE	GOALS	OBJECTIVE TEST	SPECIAL INSTRUCTION
PHASE 1 Post op recovery phase	<ul style="list-style-type: none"> ○ Successful operative outcome. ○ Adequate pain relief (adherence to NSAID for heterotrophic ossification reduction) ○ Understands post-op instructions 	<ul style="list-style-type: none"> ● Weight-bear as symptoms allow, elbow crutches for comfort ● ROM exercises as symptoms allow, particularly flexion and rotation ● Ice ● Muscle activation exercises ● Isometric exercises 	<ol style="list-style-type: none"> 1. Reduce inflammation 2. Promote distal circulation 3. Protect wound integrity 4. Gradually regain ROM 5. Increase confidence 6. Promote early mobility 7. Normalise gait encourage foot flat gait 		<p>If labral repair performed limit hip flexion 0-90 for 6/52</p>

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PHASE 2 Restore ROM / Establish movement control	<ul style="list-style-type: none"> ○ Adequate pain relief ○ Mobilise independently +/- aids. 	<ul style="list-style-type: none"> • Static Bike no/low resistance as tolerated (part revolution → full revolution as symptoms dictate). Increase seat height to reduce repetitive hip flexion > 90degrees • Alter G treadmill (walk) gait re-education • Independent gait re-education <p>ROM</p> <ul style="list-style-type: none"> • Hip Flexion – Knee to chest • Hip IR/ER – AROM (supine) <p>Lumbo-pelvic dissociation:</p> <ul style="list-style-type: none"> • 4 point pelvic tilts → 4 point lean backs → 4point hip extension → 4point hip extension with arm lift • Deadbugs with progressions <p>Proprioception:</p> <ul style="list-style-type: none"> • Single leg stand with good pelvic control <p>Isometrics → Isotonic</p> <ul style="list-style-type: none"> • Deep hip rotators • Abductors • Adductors • Quadriceps • Other muscle groups not to be neglected. • Upper body active exercise → resis/reps/sets/speed • Hydrotherapy (when wounds allow) 	<ol style="list-style-type: none"> 1. Promote early function. 2. Increase ROM 3. Reduce anterior pelvic tilt 4. Maintain good pelvic control / lumbo-pelvic dissociation with all exercises 5. Encourage FWB normal gait pattern 6. Improve muscular control 	<p>AROM</p> <p>PROM</p> <p>Single Leg Stance</p> <p>Bridge</p>	

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PHASE 3 Progressive strengthening phase	<ul style="list-style-type: none"> ○ Minimal discomfort ○ Good lumbo-pelvic control with all exercises ○ Independent mobility with no aids. ○ Full ROM ○ Bridge 10 reps with 10 sec hold ideal control ○ 4 point hip extension with neutral lumbar spine 10 reps 10 second hold 	<ul style="list-style-type: none"> • Train strength and endurance of key muscle groups (quads/hip/pelvis/trunk) up to 3 – 4 x per week. Ensure adequate CV Warm up • Strength/Hypertrophy: Repetitions 1 - 12 with an adequate load. Choose numbers of sets and rest time between sets. Alternate upper and lower body exercise • Endurance: Repetitions 15 - 25 with an adequate load. Choose numbers of sets and rest time between sets CV (with exception of jogging/running) gradual increase in continuous CV > 45mins • Squat → Single leg squat reps/weight/resistance band/speed • Step ups (for/back/sideways/over) → height/reps/weight/speed • Lunge → Walking lunge → Multidirectional → Arms above head. reps/weight/ /speed • Graded Copenhagen groin exercises • Plank / Side plank → Leg/arm lifts → Bent/Straight arms. • Proprioception → single leg stance/wobble boards/Trampoline/crash mats/etc. <p>Cardiovascular</p> <ul style="list-style-type: none"> • X-Trainer → dist./speed/resis. • Rowing → dist./speed/resis. • Cycle → dist./speed/resis 	<ol style="list-style-type: none"> 1. Progress functional activities 2. Promote appropriate muscle strength, power and endurance based on individual needs 3. Improve neuromuscular/ proprioception/ sensorimotor performance 4. Ensure good pelvic control / lumbar dissociation with all exercises before progression 5. Control of hip adduction during functional movements e.g. squat, step ups 6. Maintain cardiovascular fitness 	<p>Plank</p> <p>SL Squat</p> <p>Adductor Bridge</p> <p>Lateral Lunge</p>	<p>If remains irritable at 3/12 liaise with surgeon re: possible injection to settle symptoms</p>

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PHASE 4 Return to dynamic loading	<ul style="list-style-type: none"> ○ No Pain ○ Directional Planks 45-60 sec hold ideal control ○ SL Squat 15 repetitions to 60° with ideal control ○ Adductor bridge 20 x tucks, x 12 DL, 8 x SL lowers ○ Lateral lunge with ideal control 	<ul style="list-style-type: none"> • Add FWB double footed plyometrics → control technique/speed/reps/direction • Progress to single footed plyometrics as dictated by control and symptoms → control technique/speed/reps/direction • Return to running when good control of lateral lunge, adductor bridge and SL squat • Follow a graded return to running programme 	<ol style="list-style-type: none"> 1. Improve neuromuscular performance 2. Improve biomechanical control 3. Improve load acceptance 4. Increase confidence 	DL Jump SL Hop Y Balance/ Star Excursion Balance test	
PHASE OF REHABILITATION	IDEAL CRITERIA	REHABILITATION GUIDE	GOALS	OBJECTIVE TEST	SPECIAL INSTRUCTION
PHASE 5 Return to Sport specific training	<ul style="list-style-type: none"> ○ Drop jump with good control ○ SL Hop with good control ○ >90% dynamic control on Y Balance /SEBT ○ Tolerating straight line running 	<ul style="list-style-type: none"> • Add agility drills when sufficient control and confidence is achieved e.g. twist/ turn/ pivot/ cut/ accelerate/ decelerate/direction • Progress from predictable agility to unpredictable. • Perturbation training e.g. therapist randomly nudges patient off balance during a single leg throw-catch drill • Non-contact sport specific training → terrain/volume/periodisation 	<ol style="list-style-type: none"> 1. Prepare neuromuscular and psychological ability to return to unrestricted function 	Vertical Jump Tuck Jump SL Hop for distance As indicated for individuals goals	

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PHASE 6 Return to Sport	<ul style="list-style-type: none"> ○ All tests >90% parity 	<ul style="list-style-type: none"> • Progress to full restriction free sports and activities [dependent on Consultant opinion] 	<ol style="list-style-type: none"> 1. Unrestricted confident function 2. Injury prevention 		

Terminology Key:

CV	Cardiovascular	PWB	Partial Weight Bear
EOR	End of Range	FWB	Full Weight Bear
E	Extension	ROM	Range of Movement
F	Flexion	AROM	Active Range of Movement
SLR	Straight Leg Raise	PROM	Passive Range of Movement
Q	Quadriceps	OKC	Open Kinetic Chain
		dist.	Distance
H	Hamstrings	resis	Resistance
AKP	Anterior Knee Pain	reps	Repetitions
[L]	Left	RM	Repetition Maximum
[R]	Right	SL	Single leg
SEBT	Star Excursion Balance Test	DL	Double leg