

Rehabilitation Guidance Following Hip Arthroscopy

| | Precautions: | Goals: | Daily function: | Exercises (no pinching/ pain): | Gym / Pool: |
|------------------|--|--|--|---|--|
| 0-7 days | <ul style="list-style-type: none"> - No external rotation >30° for 4-6 weeks - No extension >10° for 4-6 weeks - No flexion >90° 4-6 weeks - Avoid ASLR in supine - No treadmill walking - No end range hip stretches | <ul style="list-style-type: none"> - Protect surgical site - Promote soft tissue healing - Control pain and swelling - Normalise gait with 2 crutches - Regular pain free ROM | <ul style="list-style-type: none"> - Mobilise with 2 crutches PWB - Limit daily steps - Limit sitting time (guided by symptoms) - Avoid low seats - Reduce stairs - No driving | <ul style="list-style-type: none"> - Static gluteal and quad squeezes in sitting, lying, standing - Posterior pelvic tilts in crook - Glut bridging in posterior tilt - Quadruped rocking - Cat/camel - Modified prone cobra | <ul style="list-style-type: none"> - Start static bike with raised seat as soon as consultant is happy (likely 2-3 days post op) - Aim 5-10 minutes daily. - Should not be painful. No pinching. |
| 1-2 weeks | <ul style="list-style-type: none"> - No external rotation >30° for 4-6 weeks - No extension >10° for 4-6 weeks - No flexion >90° 4-6 weeks - Avoid ASLR in supine - No treadmill walking - No end range hip stretches | <ul style="list-style-type: none"> - Normal walking pattern with one crutch - Slowly wean walking aid - Regular pain free ROM - Start pain free strength work | <ul style="list-style-type: none"> - Progress to 1x elbow crutch (guided by symptoms, no pain or limping). - Continue static bike - Limit sitting time, avoid low seats - Daily steps <3000 | <ul style="list-style-type: none"> - Passive circumductions by therapist - Stool rotations - Quadruped rocking - Cat/camel - Modified prone cobra - Quadruped hip extension to neutral / donkey kicks - Glut bridge variations - High sit to stand - Prone heel squeezes - Standing heel raises - Side lying abduction lift offs (isometric inner range) | <ul style="list-style-type: none"> - Pool based exercises to begin as soon as surgical wounds healed: <ul style="list-style-type: none"> o Pool exercises: o Standing weight shifts forward, back, side o Forwards walking, backwards walking, side stepping, high marching forwards and back o Mini lunge, mini squat, heel raises, SL balance o No swimming |
| 2-4 weeks | <ul style="list-style-type: none"> - No external rotation >30° for 4-6 weeks - No extension >10° for 4-6 weeks - No flexion >90° 4-6 weeks - Avoid ASLR in supine - No treadmill walking - No end range hip stretches | <ul style="list-style-type: none"> - Normal gait without crutches - Increase strength and ROM - Improve balance / proprioception - Improve daily function | <ul style="list-style-type: none"> - Walk without crutches (if no limp and no pain). - Use crutches for public transport - Continue pool-based exercises - Increase tolerance on bike to 20 mins 2-3 / week - Limit sitting time, avoid low seats - Daily steps <4000 | <ul style="list-style-type: none"> - Passive circumductions by therapist - Stool rotations - Quadruped rocking - Cat/camel - Quadruped hip ext with band - Single leg glut bridging - Offset sit to stand - Side lying abduction - Proprioception - Low step up / mini wall squat | <ul style="list-style-type: none"> - Continue bike and pool based exercises |

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| 4-10 weeks | <ul style="list-style-type: none"> - No external rotation >30° for 4-6 weeks - No extension >10° for 4-6 weeks - No flexion >90° 4-6 weeks - No end range hip stretches - No running / impact - No end range hip stretches | <ul style="list-style-type: none"> - Normal gait and stairs - Increase strength and ROM - Improve balance / proprioception - Improve daily function - Body weight competencies – squat, split squat, step up | <ul style="list-style-type: none"> - Regular outdoor walking - Wean crutches on public transport - Increase cycling endurance - Daily steps >5000 - Slowly increase daily steps but avoid sudden spikes in daily activity | <ul style="list-style-type: none"> - Split squat - Step up - Wall squat with gym ball - Single leg balance progressions - Standing hip abduction / extension with band - Monster walks / crab walks - Adductor lunges with band - Psoas march - Calf strengthening - Quad strengthening - Sliding discs - Standing two touch - Balance / proprioception | <ul style="list-style-type: none"> - Pool 2-3 times per week. <ul style="list-style-type: none"> o Standing weight shifts forward, back, side o Forwards walking, backwards walking, side stepping, high marching forwards and back o Mini lunge, mini squat, heel raises, SL balance o No swimming o Swim with flippers (at 6 weeks) – forward/back stroke o Avoid breast stroke until at least 6 months. - Bike at least 2-3 per week but can do every day if access. - Cross trainer at 6 weeks - short strides max 20 mins. - Machine weights – leg press (horizontal not vertical), knee extension, hamstring curl, calf press. - No free weights |
| 10-16 weeks | <ul style="list-style-type: none"> - No running - No plyometrics - Caution with end range hip stretches | <ul style="list-style-type: none"> - Unrestricted walking outside - Increase daily steps - Increase sitting tolerance - Increase CVS fitness - Add external load on squat, split squat, step up etc | <ul style="list-style-type: none"> - Regular outdoor walking - Regular gym / bike / pool | <ul style="list-style-type: none"> - Split squat / Bulgarian split squat - Monster walks / crab walks - Adductor lunges with band - Psoas march - Calf strengthening - Quad strengthening - Sliding discs - Standing two touch - High step up - SL wall squat / wall lunge - SL RDL - Copenhagen programme - Advanced balance exercises | <ul style="list-style-type: none"> - Continue bike, cross trainer and swimming - Increase resistance on machine weights – leg press (horizontal not vertical), knee extension, hamstring curl, calf press. - Start free weights once 3-4 weeks of machine weights completed and body weight competencies achieved (dumbbell/ barbell/smith machine) |
| >16 weeks | <p>Strength markers: Can start gentle plyometrics /speed drills once the strength markers are achieved (physio led)</p> <ul style="list-style-type: none"> o HORIZONTAL LEG PRESS (SINGLE LEG) 100% BW X10 reps o SPLIT SQUAT AT LEAST 50% BW X10 reps o SINGLE LEG HEEL RAISE AT LEAST 30% BW X10 reps o Completed 6 weeks of free weights | | | | |

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Speed / plyo drills:

- Double hops, bunny hops, box jumps, double leg skipping, double leg jump matrix
- Progress to single leg as able.
- Dynamic warm up drills: jog on spot, heel flicks, lateral shuffles, skaters, high knees, carioca
- Slowly increase speed and intensity. 2 sessions per week.

Running competencies:

- Once you can tolerate 2-3 weeks of plyometrics, your physio may start you on a graded jogging programme (outdoors, flat route initially)
- To do this you must achieve the following:
 - 30 mins cross trainer pain free
 - Walk one hour pain free
 - Achieve strength markers
 - Complete 4 weeks of machine weights
 - Complete 2 weeks of free weights
 - Complete 2 weeks plyometrics
 - Excellent pain control

Return to sport:

- Start cutting sports at around 9 months post op
- Before that:
 - Must achieve BW competencies, free weights and strength markers
 - Must tolerate plyometrics and speed drills
 - Running 30 mins <2/10 pain
 - One month of Fifa 11 plus

Expectations:

- Allow 9-12 months for full recovery
- Progress is usually month by month, not week by week
- Everyone has flare ups – set backs are normal
- Rehab progress is slow

Flare up plan:

- Flare ups are normal but it important to make some adaptations until it settles:
 - Stop free weights and squats
 - Reduce daily steps and sitting time
 - Pool / bike / low impact cardio
 - Consider pain killers

Key:

ASLR = Active straight leg raise
ROM = Range of movement
CVS = Cardiovascular
SL = Single leg
RDL = Romanian deadlift
BW = Body weight

Need a London based physio following your hip surgery?

Contact Lizzie Marlow
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