

Hip Arthroscopy - Debridement Protocol

Preoperative

Goals:

- 1. Improve strength and ROM within patient tolerance**
- 2. Decrease pain and reduce muscular spasms/tightness**
- 3. Patient independent with crutches both NWB and WBAT**
- 4. Patient is independent with beginning post op therapeutic exercises**

Treatment:

- ROM all planes within patient tolerance (pain minimized)
 - o Active assist and active
- Therapeutic exercise specific to patient's functional deficits.
 - o Not to push patient into increased symptoms
- Gait training with crutches/walker
 - o Include NWB for first 2 days post op
 - o Progress to WBAT
 - o Include stairs and safety precautions
- Show patient HEP starting on post op day 1.
 - o Setting exercise
 - Quadriceps
 - Hamstrings
 - Flexors
 - Extensors
 - Abductors
 - Adductors
 - Ankle pumps/circles

Postoperative Day of Surgery

Goal:

- 1. Safe ambulation NWB with assistive device**
- 2. Initiation of HEP**

Treatment:

- start post op HEP

Postoperative Week 1

Goal:

- 1. Safe ambulation WBAT with assistive device**
- 2. Initiate outpatient therapy**
- 3. Initiate Active Assist ROM program**
- 4. Progress therapeutic exercises**
- 5. Maintain physical Health of noninvolved body parts**
- 6. Control pain/inflammation/myofascial restrictions**

Treatment:

- WBAT with assistive device

- Start Therapy
 - Initiate inferior glide and posterior glide mobilizations
 - Pool therapy *if* the portals are closed
- Progress HEP
 - Clam shells, reverse clam shells, abducted reverse clamshells
 - Closed Chain Bridging
 - Weight shifts
 - Beginning balance work
 - Avoid SLR
- Consider exercise bike (standard...do not use recumbent) at 0-minimal resistance
- General training for UE, trunk, uninvolved LE, to assist in maintaining physical health
- Modalities and manual therapy to assist in controlling pain, inflammation, and soft tissue concerns

Postoperative Week 2 – 4

Goal:

- 1. *Improve muscular strength***
- 2. *Regain normalized joint arthrokinematics***

Treatment:

- Progress patient off crutches as gait normalizes
- Progress ROM with gradual end range stretching within patient tolerance
- Begin PRE's as tolerated
 - Closed chain single limb bridging
 - Open chain AROM exercises all planes against resistance (applied above the knee)
 - Continue bike if tolerated (DO NOT USE RECUMBENT)
 - Progress pool exercises
 - Avoid – impact or repetitive twisting activities
- Continue UE and trunk exercises
- Modalities and manual therapy to assist in controlling pain, inflammation, and soft tissue concerns

Postoperative Week 5 – 6

Goals:

- 1. *Improve functional strength and functional endurance***

Treatment:

- Continue flexibility exercises
- Progress resistive and functional training program
- Add Elliptical as tolerated
- Increase single limb stance and add balance pads, plyoback, etc to improve proprioception
- Progress closed chain and open chain exercises
- Continue UE and trunk work
- Modalities and manual therapy to assist in controlling pain, inflammation, and soft tissue concerns

Postoperative Week 7 – 10

Goals:

1. Restore patient to normalized function

Treatment:

- Function/activity specific training
- May begin high impact activities

In the case of Arthritic patient, do not push to gain ROM. Stay wit