

# HIP ARTHROSCOPY REHAB 0-2 WEEKS

## Goals

- Protect the surgical repair
- Patient education regarding: gait and surgical findings.
  - Protected weight-bearing (PWB): weight bearing as tolerated with crutches
  - Ensure heel-toe patterning and pelvic alignment
- Minimise post-operative pain and swelling
- ROM goals: within tolerance

## Exercise Suggestions

### 1. ROM & Flexibility

- Supine active assisted heel slides with towel/belt +/- slider board
- Physio assisted or active assisted flexion, extension (to neutral), IR log/leg rolling

### 2. Muscle Strength & Endurance

- Lumbo-Pelvic (core stability):
  - Supine Transverse abdominis (TA) and Pelvic floor setting  
\*\*cueing should be specific to lifting pelvic floor and indrawing lower abdominal
- Hip/Gluteals/Quadriceps:
  - Isometric gluteal squeezes supine or standing
  - Isometric abd/add supine (bent knees)
  - Isometric quadriceps
- Calves:
  - Ankle pumping and toe crunches +/- with leg elevation
  - Gastroc/soleus stretches if needed

## Modalities

- Ice 15-25 minutes
- Interferential current therapy (pain relief)

# HIP ARTHROSCOPY REHAB 2-6 WEEKS

## Goals

- Patient education re: gait
  - Wean from crutches 2→1→none (discharge from crutches when gait is normal)
  - Ensure heel-toe patterning and pelvic alignment
- ROM goals: 90° flexion and full extension by end of 6 weeks
- Stretching structures around hip complex i.e. muscles, capsule
- Transition to more functional closed chain exercises
- Baseline proprioception

## Exercise Suggestions

### 1. ROM & Flexibility

- PROM stretches:
  - Hip extension / anterior capsule (Thomas stretch), prone heel to bottom (Quads)
  - IR at 0° (straight leg), 70° (supine bent knee) and 90° (prone knee bent)
  - Adductors
  - Hip circles / circumduction
- Continue as needed with slider board – progress to FABER heel slides as tolerated
- Scar / soft tissue massage: typically around TFL, ITB, GMed, Hip Flexor/upper Quadriceps
- Stationary bike high seat (to avoid pinching)

### 2. Muscle Strength & Endurance

- Lumbo-Pelvic (core stability):
  - Standing and sitting posture with TA and pelvic floor
  - Basic supine TA and pelvic floor: Inner range bent knee fall outs → full range

Requires activation of TA and pelvic floor to maintain centralization of the femoral head with lower extremity exercise
- Hip/Gluteals/Hamstrings/Quadriceps:
  - Prone terminal hip/knee extension (pillow / foam roller under anterior ankle)
  - Prone hip extension off edge of bed
  - Clam shells → isometric side lying hip abduction → isotonic hip abduction
  - Supine bridging: double, single, on ball
  - Standing hip extension, abduction → progress to pulleys or ankle weights (no truncal shift)
  - Quads: Isometrics, quads over roll +/- muscle stimulation or biofeedback
  - Shuttle: 2 → 1 leg as tolerated
  - Sit-to-stand: high plinth, lower as tolerated
  - Squats: wall, mini, progress to deeper squats as able
- Pool program (if incisions are healed):
  - Walking/ running
  - Cycling
  - Hip exercises
  - Knee/ankle ROM

### **3. Proprioception**

- 2 legs → 1 leg:
  - Wobble boards: without support: side-to-side, forward/backward
  - Standing on ½ foam roller: balance → rocking forward/backward
  - Single leg stance 5 → 30 → 60 seconds (when full WB without trendelenberg or pelvic rotation)

### **Modalities**

- Ice 15-25 minutes
- Interferential current therapy (pain relief)

# HIP ARTHROSCOPY REHAB 6-12 Weeks

## Goals

- Continue stretches as needed
- Progress exercises to include more challenges to lumbo-pelvic-hip control (core stability)
- Progress proprioception

## Exercise Suggestions

### 1. ROM & Flexibility

- Quadruped rocking with IR/ER bias
- Stool rotations (stand with hip extended-one knee bent with shin on stool seat, rotate hip)
- Stationary bike → Elliptical forward (with TA/pelvic floor setting) → backward
- Treadmill walking forward → backward (for hip extension)

### 2. Muscle Strength & Endurance

- Lumbo-Pelvic (core stability): progression of TA and pelvic floor and functional activation with exercise:
  - heel march → march (active hip flexion)
  - heel slides → heel slides + hip flexion (assisted with belt under femur → active)
  - Walking and WB postures with TA and pelvic floor control
- Gluteals/Hamstrings/Quadriceps:
  - Continue hip strengthening with increased weights/tubing resistance
  - Quadruped – alternate arm & leg
  - Shuttle work on strength & endurance, 2 → 1 leg (increase resistance)
  - Shuttle → side lying leg press (top leg)
  - Sit to stand: high seat, low seat, 2 legs
  - Single leg stance (affected side), hip abduction/extension (unaffected side)
  - Single leg stance with hip hike
  - Tubing kickbacks (both sides)
  - Side stepping with theraband (thigh/ankle)
  - Forward and lateral step-ups 10/15/20cm (push body weight up through weight bearing heel slow and with control, also watch for hip hiking or excessive ankle dorsiflexion)
  - Lunge: static 1/4 - 1/2 range → full range

### 3. Proprioception

- 2 legs → 1 leg (when full WB without Trendelenberg or pelvic rotation):
  - Wobble boards: without support: side-to-side, forward/backward
  - Standing on 1/2 foam roller: balance → rocking forward/backward
  - Single leg stance 5 → 30 → 60 seconds

# HIP ARTHROSCOPY REHAB 3-6 MONTHS

## (RETURN TO ACTIVITY)

### Goals

- Lower chain concentric/eccentric strengthening of quadriceps & hamstrings
- Functional movement patterns
- Progress proprioception
- Continue flexibility exercises

### Exercise Suggestions

#### 1. Muscle Strength & Endurance

- Lumbo-Pelvic (core stability) + Gluteals/Hamstrings/Quadriceps:
  - Advanced core: side plank (on elbows/feet), prone plank (on elbows/toes)
  - Continue hip strengthening with increased weights/tubing resistance
  - Hip IR/ER with pulleys → theraband in flexed, neutral, extended positions
  - Hamstring curls, eccentrics, deadlifts 2 → 1 leg
  - Progress resistance of Shuttle working on strength & endurance, 2 → 1 leg
  - Shuttle standing kick backs (hip/knee extension)
  - Lunge walking, forwards/backwards, hand weights
  - Sit to stand: high seat, low seat, single leg
  - Single leg: wall squat → mini squat → dead lift
  - Side shuffling/hopping with theraband (thighs/ankles)
  - Eccentric lateral step down on 5/10/15cm step with control (watch for hip hiking or excessive ankle dorsiflexion)
  - Hopping: 2-1 leg
  - Activities challenging all planes of motion: 2-1 leg
- Proprioception
  - Wobble boards: vision, vision removed, 2 → 1 leg: side to side, forward, backwards
  - Single leg stance 5 → 30 → 60 seconds on unstable surface i.e. pillow, mini-tramp,
  - Airex, Dynadisc with/without support – progress to no vision
  - Single leg stance performing higher end upper body skills specific to patient goals
- Cardiovascular Fitness
  - Stationary bike, Elliptical → Stairmaster with TA/pelvic floor setting and adequate pelvic/hip control (i.e. absent trendelenberg, pelvic rotation)
  - Treadmill: walk, side stepping, interval jog → jog, interval run → run as tolerated

## HIP ARTHROSCOPY: GUIDELINES FOR PHYSIOTHERAPY AND EXERCISE

Exercises	Week 0-2	Weeks 2-6	Weeks 6-12	Weeks 12+
<b>General</b>				
Crutches	✓	✓		
Gait Retraining	✓	✓		
Hip ROM to tolerance	✓	✓		
Scar/soft tissue massage	✓	✓		
Quadruped rocking (IR/ER bias)		✓	✓	
<b>Stretches</b>				
Hip flexors (to neutral), gastrocs	✓			
Quads, Hamstrings, adductors		✓		
<b>TA/Pelvic floor</b>				
Supine activation, progressions, sitting	✓	✓		
Standing, walking, WB & functional exercises		✓	✓	✓
Advanced core: quad alternate lifts, plank, side plank			✓	✓
<b>Functional Exercises</b>				
Supine bridging: double, single, ball		✓		
S/L clam shells, long lever hip abduction		✓		
Weight transfer		✓		
Standing hip abduction, extension		✓	✓	
Squats: wall, mini, 60°, 90°		✓	✓	
Shuttle: 2 legs, 1 leg, increased resistance/ reps		✓	✓	
Sit to stand: high seat, low seat, 2 legs, single leg			✓	
Lunges: ¼ - ½ - full, forward, back walking, weights			✓	✓
Single leg stance Tubing kickbacks			✓	✓
Step ups- 10/15/20cm, forward and lateral			✓	✓
Single leg: wall squat, mini squat			✓	✓
Step Downs - 10/15/20cm,				✓
Hopping, forward, backward, lateral				✓
<b>Proprioception</b>				
Wobble boards, ½ foam roller, double, single leg		✓	✓	
Squats, lunges on Dynadisc, Airex, Bosu			✓	✓
Single leg balance, Increase time + complexity of skill			✓	✓
<b>Cardiovascular fitness</b>				
Bike	✓	✓	✓	✓
Pool		✓	✓	✓
Elliptical		✓	✓	✓
Stairmaster & Treadmill: forward, backward, jog, run			✓	✓