



HIP ARTHROSCOPY MICROFRACTURE w/ **CHIELECTOMY &/OR LABRAL REPAIR**

Dr. Safran's Physical Therapy Protocol

	Phase I: Initial Exercises	week	1	2	3	4	5	6	7	9	13	17	21	25																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
Patient Checklist : <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Weightbearing: FFWB x 8 weeks (Flat Foot - 20 lb) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> CPM: 8 weeks 8 hrs/day </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Lie on Stomach: 1-2 hrs 2-3x/day </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> * LABRAL REPAIR: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> * Rotational Boot: When laying on back and not in CPM 18-21 days </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> * Brace: 0-90 x 10 days </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> * ROM Limits: Flexion: 90° x 10 days Ext: 0° x 3 wks Abd: 25° x 3 wks ER: 0° x 3 wks IR: no limits </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Modalities: Active Release Technique. Ultrasound, and E-Stim as needed starting week 3. </div> <div style="border: 1px solid black; padding: 5px;"> Time Lines: Week 1 (1-7 POD) Week 2 (8-14 POD) Week 3 (15-21 POD) Week 4 (22-28 POD) </div>	Phase I: Initial Exercises	week	1	2	3	4	5	6	7	9	13	17	21	25	Ankle Pumps		•	•												Isometrics		•	•												Stationary Bike with non resistance		•	•	•	•										Passive ROM / CIRCUMDUCTION **		•	•	•	•	•	•								→ add extension and ER (FABER)					•	•	•								Soft tissue massage and scar mobs		•	•	•	•	•	•								Passive Stretching: Quad & Piriformis		•	•	•	•	•	•								→ add Hip Flexor Stretching					•	•	•								Deep Water Progression			•	•	•	•	•	•	•						Quadruped Rocking			•	•	•										Standing Hip IR			•	•	•										Resisted Prone IR/ER			•	•	•										Lower Abdominal Progression & Transverse Abdominals **		•	•	•	•	•	•	•							Glute Progression **		•	•	•	•	•	•	•							Bridging Progression **					•	•	•	•							Leg Press (limited weight)					•	•	•	•							Gait Progression "crutch weaning"															Straight Leg Raise w/ Transverse Abd **			•	•	•	•	•	•							Proprioception exercises		•	•	•	•	•	•	•							Phase II: Intermediate Exercises	1	2	3	4	5	6	7	9	13	17	21	25	Balance Progression **									•	•					Stationary Biking with Resistance						•	•	•	•	•					Double 1/3 Knee bends									•	•					Advanced Core Progression									•	•					→ Pilates Exercises (w/ instructor)									•	•					Manual Mobilizations (w/ PT) **					•	•	•	•	•						Side Stepping										•	•				Elliptical/Stairclimber										•	•				Single 1/3 Knee Bends (after OK Double)										•	•				→ Lateral step downs										•	•				→ Balance Squats										•	•																																		Phase III: Advanced Exercises	1	2	3	4	5	6	7	9	13	17	21	25	Plyometrics Progression										•	•	•			Side to side lateral movement										•	•	•			Fwd/Bkwd Running w/ cord										•	•	•			Running/Skating/Golf etc progression										•	•	•			Agility Drills - returning to sport										•	•	•																		Phase IV: High Level Activities	1	2	3	4	5	6	7	9	13	17	21	25	Functional Sport Testing										•					Multi-Plane Agility see attached										•	•				Sport Specific Drills										•	•	•		
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** = see attached sheets

HIP ARTHROSCOPY

Dr. Safran's Physical Therapy Information

The intent of this protocol is to provide guidelines for progression of rehabilitation

- ✓ Utilize the dot sheet and exercise descriptions as a guide. It is by no means intended to serve as a substitute for clinical decision making, adjust within given guidelines and precautions as needed
- ✓ Progression through each phase of rehabilitation is based on clinical criteria and time frames as appropriate for your patient
- ✓ Caution needs to be taken to avoid a “pinching” sensation in the front of the hip with all exercises
- ✓ **CIRCUMDUCTION** is the most important PROM performed
- ✓ **Please Note:** Hip flexor and adductor tendonitis and piriformis syndrome are common problems following hip arthroscopy, thus strengthening these muscle groups is limited early on to prevent these from occurring. You may assess and treat within the precautions and guidelines set.

PHASE I – IMMEDIATE REHABILITATION

Goals

Protect integrity of repaired tissue
Restore ROM within restrictions
Diminish pain and inflammation
Prevent Muscular inhibition

Precautions

Do not push through hip pain or pinching
Specific ROM restrictions (see dot sheet)
Weight bearing restrictions

Criteria for Progression to Next Phase

Minimal Pain / pinching and swelling
ROM > 85% of uninvolved side
Proper Muscle Firing Patterns for Initial Exercises

Do Not Progress to Phase II Until Full Weight Bearing Is Allowed

PHASE II – INTERMEDIATE

Goals

Protect integrity of repaired tissue
Restore Full ROM
Restore Normal Gait Patterns
Progressively increase muscle strength



HIP ARTHROSCOPY

MICROFRACTURE w/

CHIELECTOMY &/OR LABRAL REPAIR

Dr. Safran's Physical Therapy Protocol

PHASE II – INTERMEDIATE (continued)

Precautions

- No Ballistic or Forced Stretching
- Avoid Hip Flexor, Adductor or Piriformis Inflammation

Criteria for Progression to Next Phase

- Full ROM
- Pain Free / Normal Gait Pattern
- Hip Flexion Strength >60% of uninvolved side
 - Hip Adduction, Abduction, Extension, Internal Rotation, External Rotation strength >80% of uninvolved side

PHASE III – ADVANCED

Goals

- Restoration of Muscular Endurance / Strength
- Restoration of Cardiovascular Endurance
- Optimize Neuromuscular Control

Precautions

- Avoid Hip Flexor, Adductor and Piriformis Inflammation
- No Ballistic or Forced Stretching or Strengthening
- No Contact Activities

Criteria for Progression to Next Phase

- Hip Flexion Strength >80% of uninvolved side
 - Hip Adduction, Abduction, Extension, Internal Rotation, External Rotation strength >90% of uninvolved side
 - Cardiovascular Fitness Equal to Pre-Injury Level
 - Full Painfree ROM

PHASE IV – SPORTS SPECIFIC TRAINING

Criteria for Return to Full Competition

- Ability to Perform Sports Specific Drills at Full Speed without Pain

Use the information in this packet to determine if the patient is progressing appropriately.

If you need a signed not for certification of medical necessity or have any questions, please fax that note to Dr. Safran's office at 650-736-9589 or contact his assistant at 650-723-9815 or 800-717-0012