SKYLINE ORTHOPEDICS
Orthopedic Surgery, Sports Medicine & Arthroscopy Specialists

Jonathan Watson, MD

REHABILITATION PROTOCOL- Hip arthroscopy, gluteus medius repair

The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

Special attention must be given to impairments that caused the initial problem. For example, if the patient is s/p partial medial meniscectomy and they have a varus alignment, post-operative rehabilitation should include correcting muscle imbalances or postures that create medial compartment stress.

INDIVIDUAL CONSIDERATIONS: S/p ***

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PHASE 1- Surgery to 6 weeks

REHAB GOALS	1. Protection of the post-surgical repair 2. Decrease pain and inflammation 3. Proper crutch training and gait
PRECAUTIONS	1. Crutches and foot flat weight bearing (20lb) for 6 weeks 2. Hip abduction brace for 6 weeks 3. No active hip abduction, IR for 6 weeks. No passive ER or adduction for 6 weeks. No active straight leg raises. No hip flexion >90 degrees for 4 weeks. 4. Equipment- raised toilet seat, tub bench/hand held shower, reacher, shoehorn, crutches 5. CPM device or stationary 3-4 times bike daily 6. No sitting for >30 min at a time for first 3 weeks 7. Cryotherapy/ice 3-4 times daily and after PT
RANGE OF MOTION EXERCISES	○ Hip flexion- supine (heel slides & hook lying), quadruped (partial rocking backward 60-90 deg) ○ Hip extension- to neutral, knee flexed to 90 and extended, prone with pillow under hips ○ Active knee flexion ○ Hip abduction Passive ROM as tolerated ○ At week 5 can progress to active assist then active hip flexion

SUGGESTED THERAPEUTIC EXERCISES	• Gait training with crutches and instruct safety and transfers into bike, car, stairs, etc • Ankle pumps • Active knee extension & ankle dorsiflexion, gluteal sets • UE weight training while precautions maintained • 2 weeks- Hip isometrics- extension, adduction, ER • Hamstring isotonics • Pelvic tilts • Week 4- supine bridges, isotonic adduction, isometric sub max pain free hip flexion, quad strengthening
CARDIOVASCULAR EXERCISE	upper body ergometer aquatic therapy at week 4
PROGRESSION CRITERIA	1. Pain controlled 2. Wound healing

PHASE 2- 6-8 weeks postop

REHAB GOALS	1. Protection of repair 2. Progress ROM within comfort level 3. Progress to normal gait 4. Control pain & inflammation
PRECAUTIONS	1. Begin partial weight bearing with crutches week 7, then progress to weight bearing as tolerated, wean crutches. Do not progress if gait is abnormal 2. Discontinue hip abduction brace after 6 weeks 3. Avoid pivoting on involved lower extremity 4. Cryotherapy/ice 3-4 times daily and after PT
RANGE OF MOTION EXERCISES	○ Continue phase 1 exercises ○ Progress to passive IR/ER ○ Soft tissue mobilizations as needed ○ Stool rotations ○ Avoid end range adduction
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 1 exercises ○ Supine bridges ○ Supine isometric ER in neutral ○ Supine active assist ROM abduction & hook lying isometric abduction ○ Short arc quad strengthening
CARDIOVASCULAR EXERCISE	stationary bike, aquatic therapy pool walking, upper body ergometer

PROGRESSION CRITERIA	1. Full weight bearing with minimal gait deviation 2. Near full pain free ROM 3. Able to tolerate 20 min of stationary bike 4. Adequate glut max/lower abdominal activation

PHASE 3- 8-10 weeks postop

REHAB GOALS	1. Normal gait 2. Static balance with limited pelvic drop 3. Limited pain and inflammation
PRECAUTIONS	1. Avoid pivoting on involved side 2. No active straight leg raises 3. Continue ice after PT
RANGE OF MOTION EXERCISES	○ Continue phase 2 exercises ○ Soft tissue mobilization as needed ○ Short lever arm abduction ○ Light IT band stretches
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 2 exercises ○ Single leg balance drills ○ Core progression (no side plank until 10 weeks) ○ Isometric abduction, progress to isotonic ○ Knee flexion/extension, leg press
CARDIOVASCULAR EXERCISE	Continue stationary bike, progress resistance. Pool therapy, elliptical
PROGRESSION CRITERIA	1. 15 second single leg stance without pelvic drop/knee valgus 2. 15 step and holds with no pelvic drop/knee valgus 3. Tolerate 30 consecutive clamshell no resistance without compensation 4. Normal gait

PHASE 4- 10-12 weeks postop

REHAB GOALS	1. Continue strengthening 2. Full pain free ROM 3. Avoid pain/inflammation
PRECAUTIONS	Avoid post activity pain/swelling.
RANGE OF MOTION	○ Continue phase 3 exercises ○ Hip flexor, gluteal, piriformis, IT band stretches

EXERCISES	
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 3 exercises ○ Side stepping, monster walks ○ Plank, side plank ○ Glut press ○ Standing ER ○ Lateral step downs ○ Balance/proprioception drills ○ Cable column rotations ○
CARDIOVASCULAR EXERCISE	Stationary bike, elliptical Week 12- Hip hiking on stairmaster
PROGRESSION CRITERIA	1. Tolerate 15 min elliptical 2. 30 second single leg stance without pelvic drop/knee valgus 3. 80% glut max, glut med & lower abd strength of contralateral

PHASE 5- 12-16 weeks postop

REHAB GOALS	1. Improve endurance/control 2. Full pain free ROM 3. Avoid pain/inflammation
PRECAUTIONS	Avoid post activity pain/swelling.
RANGE OF MOTION EXERCISES	○ Continue phase 4 exercises
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 4 exercises, progress resistance/weight
CARDIOVASCULAR EXERCISE	Continue phase 4 exercises Treadmill walking progression
PROGRESSION CRITERIA	1. Tolerate 15 min treadmill fast walk with normal gait 2. 60 second single leg stance without pelvic drop/knee valgus 3. 30 second plank & side plank without compensation 4. 90% hip and core strength of contralateral

PHASE 6- 16+ weeks postop

REHAB GOALS	1. Full strength 2. Full pain free ROM 3. Return to work/sport
PRECAUTIONS	Avoid post activity pain/swelling.
RANGE OF MOTION EXERCISES	○ Continue previous exercises
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 5 exercises, progress resistance/weight ○ Sport/work specific drills ○ Sport test-- Single knee bends (3 min, 1 pt earned for each 30s), lateral agility (100s, 1 pt for each 20s), diagonal agility (100s, 1 pt for each 20s), forward lunge on box (2 min, 1 pt for each 30s). Emphasis on proper form/alignment. Passing = 17/20
CARDIOVASCULAR EXERCISE	Progress to running
PROGRESSION CRITERIA- RETURN TO WORK/SPORT	1. 90% abdominal /lower extremity strength 2. Single leg cross-over triple hop test for distance (Score of less than 85% are considered abnormal for male and female) 3. Full, painless ROM 4. Pass sport specific/sport test

FUNCTIONAL/RETURN TO SPORT

- Hop Tests
  - *Directions*
    - Must" stick" landing without any movement of landing foot
    - UE and LE movement may be used to maintain balance
  - *Scoring*
    - Measurements taken from start point to the heel of the landing leg
    - Symmetry= (involved leg measurement/uninvolved leg measurement) x 100
    - Must score >90% on all hop tests to pass
  - *Tests*
    - Single Leg Forward Hop
      - Single leg stance on involved leg and hop forward, landing on same leg

- Single Leg Triple Hop
  - Single leg stance on involved leg and hop forward three times, landing on same leg
- Single Leg Triple Crossover Hop
  - Single leg stance on involved leg and hop forward crossing medially then laterally then medially, landing on same leg
- Single Leg Medial Hop
  - Single leg stance on involved leg and hop medially, landing on same leg
- Single Leg Lateral Hop
  - Single leg stance on involved leg and hop laterally, landing on same leg
- 6-Meter Single Leg Timed Hop
  - Single leg stance on involved leg and hop forward for a total of 6 meters
  - Time to cover 6 meters is measured