

Center for Athletic Medicine
Dr. Preston M. Wolin
 Hip Arthroscopy

~Please call 773.248.4150 with any and all questions~

Phase I: (Surgery to \pm 4 weeks)

Appointments	<ol style="list-style-type: none"> 1. You may have a physician appointment the day after surgery for a dressing change. 2. Meet with the physician 7-10 days after surgery for suture removal. 3. Begin your physical therapy 5-7 days after surgery.
Rehabilitation Goals	<ol style="list-style-type: none"> 1. Protection of the hip (limit weight bearing) and instruction on keeping pain at 3/10 or less with range of motion exercises. 2. Restore normal hip range of motion. 3. Initiate leg control exercises.
Precautions	<ol style="list-style-type: none"> 1. Use crutches until normal gait and hip flexor muscle function achieved without pain meds. 2. Do not do straight leg raises to avoid irritation of the released tendon as it scars down. 3. Avoid pushing motion to 3/10 in any plane, and have any patient keep pain at 5/10 with stretches. 4. Avoid impact exercises for 6 weeks if articular cartilage (femur or acetabulum) was debrided.
R.O.M. Exercises	<ol style="list-style-type: none"> 1. Active assisted range of motion in all planes, but limited by patients comfort. 2. Gentle hip mobilizations: distraction; inferior glide; posterior glide; to decrease pain and increase range of motion.
Suggested Therapeutic Exercises	<ol style="list-style-type: none"> 1. Start strengthening short external rotators with isometric and short arc movements. 2. Day of surgery begins isometric quad, glut, hamstring, adductor and abductor muscle strengthening sets. 3. Weight shifting 4. Double limb support balance activities to improve proprioception and weight acceptance. 5. Short arc standing hip abduction, adduction, flexion, and extension AROM exercises without resistance.
Cardiovascular Exercise	<ol style="list-style-type: none"> 1. Upper body circuit training or UBE
Progression Criteria	<ol style="list-style-type: none"> 1. Normal gait with assistive devices. 2. No swelling. 3. Passive ROM of the hip to at least 75% of normal. 4. Gain control of the other extremity muscles.

*****If a patient is not progressing, please call the office for recommendations*****

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Phase II: (Begin 4 weeks after surgery if progression criteria are met)

Appointments	<ol style="list-style-type: none"> 1. Physician visit six weeks after surgery. 2. Meet with Physical Therapist once every 1-2 weeks.
Rehabilitation Goals	<ol style="list-style-type: none"> 1. Protect hip, avoid passive end-range stretching 2. Normal gait without crutches. 3. Single leg stand control. 4. Good control & no pain with functional movements, including step up, step down, squat, and partial lunge.
Precautions	<ol style="list-style-type: none"> 1. Post-activity soreness should resolve within 24 hours. 2. Avoid post-activity swelling.
R.O.M. Exercises	<ol style="list-style-type: none"> 1. Progress range of motion with gradual end range stretch within tolerance. 2. Hip active range of motion D1 and D2 patterns.
Suggested Therapeutic Exercises	<ol style="list-style-type: none"> 1. Stationary bike as tolerated. 2. Gait & Functional movement drills in pool, progress to land program as pain decreases & strength increases. 3. Non-impact hip & core strengthening with emphasis on short external rotators (body boards, bridging, mini band drills and swiss ball drills) 4. Non-impact balance and proprioceptive drills. 5. Shuttle leg press. 6. Quad strengthening. 7. Stretching for patient specific muscle imbalances.
Cardiovascular Exercise	<ol style="list-style-type: none"> 1. Non-impact endurance training: swimming, cross trainer, stationary bike, deep water run, Nordic track.
Progression Criteria	<ol style="list-style-type: none"> 1. Normal gait without assistive devices on all surfaces. 2. Able to do functional movements with good control & without pain or unloading affected leg. 3. Single leg balance for more than 15 seconds.

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Phase III (Begin after meeting Phase II criteria, 8-10 weeks after surgery)

Appointments	<ol style="list-style-type: none"> 1. Physician visit 12 weeks after surgery. 2. Physician Therapy once per week every 1-2 weeks.
Rehabilitation Goals	<ol style="list-style-type: none"> 1. Continue to improve hip flexor strength and endurance. 2. Good leg control and no pain with sport and work specific movements, including impact loading.
Precautions	<ol style="list-style-type: none"> 1. Post-activity soreness should resolve within 24 hours. 2. Avoid post-activity swelling and pain in other joints.
Suggested Therapeutic Exercises	<ol style="list-style-type: none"> 1. Impact control exercises, beginning two feet to two feet, progressing from one foot to the other, then one foot to the same foot. 2. Movement control exercises beginning with low velocity, single plane activities and progressing to higher velocity multi-plane activities. 3. Stretching for patient specific muscle imbalances. 4. Continue hip and core strengthening exercises. 5. Work/Sport specific balance and proprioceptive drills.
Cardiovascular Exercise	<ol style="list-style-type: none"> 1. Replicate work or sport specific energy demands.
Progression Criteria	<ol style="list-style-type: none"> 1. Dynamic neuromuscular control with multi-plane activities, without pain or swelling.

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