



**Lahey Hospital  
& Medical Center**

**Rehabilitation Protocol:**

**Hip Arthroscopy  
Femoral Acetabular Impingement  
Debridement/Osteochondroplasty**

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## ◀ Phase I 0–4 Weeks

### *Goals*

- Protect integrity of repaired tissue
- Minimize pain and inflammation
- Minimize scarring around portal sites
- Restore ROM focusing on rotation and flexion
- Normalize gait pattern

### *Precautions*

- Weight bearing as ordered by surgeon
- Sustained stretching – no ballistic motions
- No Isometric Hip Flexion
- No resisted Hip Flexion
- Avoid:
  - Hip flexor tendonitis
  - Trochanteric bursitis
  - Synovitis

## Weeks 0–2

- Stationary Bike, no resistance for 20 minutes/day, progress to twice daily
- Manual
  - Scar Massage
  - Hip PROM as tolerated
  - Sustained psoas stretching (supine, 2 pillows under hips)
  - Progress rotation w/logrolling
- Therapeutic Exercise:
  - Hip Isometrics – Avoid Isometric FLEXION
    - Glut sets, Adductor sets, Abductor sets, Quad sets, hamstring sets
  - CORE STAB w/
    - Bent knee fall outs
    - Pelvic tilts
    - Bridging
    - SAQ
  - Stool rotations (Hip AAROM ER/IR)
  - Quadriped rocking to facilitate hip flexion
- Gait Training
  - Normalize gait
  - Progress WB and wean assistive device as ordered (2 → 1 → 0)
- Modalities
  - Cryotherapy
  - NMES to quadriceps as needed

## Weeks 2–4

DO NOT PROGRESS TO THIS PHASE UNTIL FULL WEIGHT BEARING

- Stationary Bike
- Manual
  - Scar massage
  - PROM as tolerated
  - Progress hip flexor stretch as tolerated
  - Progress hip rotation
- Gait Training
  - Wean assistive device as ordered (2 → 1 → 0)
- Continue with previous exercises
- Progress hip ROM
  - ER with FABER
  - Prone hip IR/ER
  - BAPS rotations in standing
- Glut/piriformis stretch
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress hip strengthening to isotonic in all directions **except hip flexion**
- Progress isometrics to submaximal pain free hip flexion at ~ 3- 4 weeks
- Step downs
- Clam shells
- Begin proprioceptive/balance training
  - Balance boards
  - Single leg stance
- Treadmill side stepping from level surface holding on → inclines (week 4)
- Closed chain Trunk Rotation on pulleys
- Treadmill side stepping (holding on) low speed
  - Progress sidestepping on TM from level surface to incline at week 4
- Aquatic therapy in shallow water (no treading water)

## ◀ Phase II – Intermediate Phase

### Weeks 4 - 8

#### *Goals*

- Protect integrity of repaired tissue
- Minimize pain and inflammation
- Minimize scarring around portal sites
- Restore joint mobility and Range of Motion
- Normalize gait pattern
- Progress Balance and Proprioception
- Progress Core Stability

#### *Precautions*

- Full Weight Bearing
- Avoid:
  - Hip flexor tendonitis
  - Trochanteric bursitis
  - Synovitis

### Manual

- Scar Massage
- Progress ROM
  - Hip joint mobilization as needed
- Hip flexor and ITB stretching

### Therapeutic Exercise

- Continue previous exercise
- Elliptical
- Progress to Hip flexion isotonics (avoid hip flexor tendonitis)
- Leg press (Bilateral → Unilateral)
- Isokinetics knee flexion and extension
- Prone and side planks
- Progress dynamic stability: Bilateral/Unilateral, Level/Unlevel surfaces
- Side stepping with T-band
- Hip Hiking on stair stepper
- Hip flexor and ITB Stretching

## ◀ **Phase III** **Weeks 8 - 16**

### *Goals*

- Hip strength within 80% of uninvolved side
- Independent Home Exercise Program incorporating Core Stability, Dynamic Stability, LE strength and flexibility
- Restore prior level of cardiovascular fitness
- Participate in sports specific agility drills by week 12
- Participate in plyometric training
- Treadmill Running program after week 16

### *Precautions*

- Return to work/sports activities as advised by surgeon

AAROM = active-assisted range of motion, ADL = activity of daily living, AROM = active range of motion, PROM = passive range of motion, ER = external rotation, IR = internal rotation, ROM= Range of Motion G/H = glenohumeral

## Hip Arthroscopy Femoral Acetabular Impingement Debridement/Osteochondroplasty: Summary Table

Post –op Phase/Goals	Range of Motion	Therapeutic Exercise	Precautions
<p><b>Phase I</b> <b>0 - 4 weeks after surgery</b></p> <p><b>Goals:</b></p> <p>Protect integrity of repaired tissue            Minimize pain and inflammation            Minimize scarring around portal sites            Restore ROM focusing on rotation and flexion            Normalize gait pattern within WB limitations</p>	<p><b>Weeks 0-2</b></p> <p>Hip PROM as tolerated</p>	<p>Stationary Bike 20 minutes/day, progress to twice daily</p> <p>Manual</p> <ul style="list-style-type: none"> <li>Scar Massage</li> <li>Sustained psoas stretching (supine, 2 pillows under hips)</li> <li>Progress rotation w/logrolling</li> </ul> <p>Therapeutic Exercise:</p> <ul style="list-style-type: none"> <li>Hip Isometrics – Avoid Isometric FLEXION</li> <li>Glut sets, Adductor sets, Abductor sets, Quad sets, hamstring sets</li> <li>CORE STAB w/               <ul style="list-style-type: none"> <li>Bent knee fall outs</li> <li>Pelvic tilts</li> <li>Bridging</li> <li>SAQ</li> </ul> </li> <li>Stool rotations (Hip AAROM ER/IR)</li> <li>Quadripped rocking to facilitate hip flexion</li> </ul> <p>Gait Training</p> <ul style="list-style-type: none"> <li>Normalize gait</li> <li>Progress WB and wean assistive device as ordered (2 → 1 → 0)</li> </ul> <p>Modalities</p> <ul style="list-style-type: none"> <li>Cryotherapy</li> <li>NMES to quadriceps as needed</li> </ul>	<p>Weight bearing as ordered by surgeon</p> <p>Sustained stretching – no ballistic motions</p> <p>Avoid:</p> <ul style="list-style-type: none"> <li>Hip flexor tendonitis</li> <li>Trochanteric bursitis</li> <li>Synovitis</li> </ul> <p>No Isometric Hip Flexion</p> <p>No resisted Hip Flexion</p>

Post –op Phase/Goals	Range of Motion	Therapeutic Exercise	Precautions
<p><b>Full Weight Bearing (if ordered )</b></p>	<p><b>Weeks 2 - 4</b></p> <p>Hip PROM as tolerated</p>	<p><b>DO NOT PROGRESS TO THIS PHASE UNTIL FULL WEIGHT BEARING</b></p> <p>Stationary Bike Manual</p> <p>Scar massage PROM as tolerated Progress hip flexor stretch as tolerated Progress hip rotation</p> <p>Gait Training Wean assistive device as ordered (2 → 1→ 0)</p> <p>Continue with previous exercises Progress hip ROM ER with FABER Prone hip IR/ER BAPS rotations in standing</p> <p>Glut/piriformis stretch Progress core strengthening (avoid hip flexor tendonitis) Progress hip strengthening to isotonic in all directions <b>except hip flexion</b> Progress isometrics to submaximal pain free hip flexion at ~ 3- 4 weeks</p> <p>Step downs Clam shells Begin proprioceptive/balance training Balance boards Single leg stance</p> <p>Treadmill side stepping from level surface holding on → inclines (week 4) Closed chain Trunk Rotation on pulleys Treadmill side stepping (holding on) low speed Progress sidestepping on TM from level surface to incline at week 4</p> <p>Aquatic therapy in shallow water (no treading water)</p>	<p>Avoid: Hip flexor tendonitis Trochanteric bursitis Synovitis</p> <p><b>No Isotonic Hip Flexion</b></p>

Post –op Phase/Goals	Range of Motion	Therapeutic Exercise	Precautions
<p><b>Phase II – Intermediate Phase</b>  <b>Weeks 4 - 8</b>  <b>Goals</b>  Protect integrity of repaired tissue  Minimize pain and inflammation  Minimize scarring around portal sites  Restore joint mobility and Range of Motion  Normalize gait pattern  Progress Balance and Proprioception  Progress Core Stability</p>		<p><u>Manual</u>  Scar Massage  Progress ROM  Hip joint mobilization as needed  Hip flexor and ITB stretching</p> <p><u>Therapeutic Exercise</u>  Continue previous exercise  Elliptical  Progress to Hip flexion isotonics (avoid hip flexor tendonitis)  Leg press (Bilateral → Unilateral)  Isokinetics knee flexion and extension  Prone and side planks  Progress dynamic stability: Bilateral/Unilateral, Level/Unlevel surfaces  Side stepping with T-band  Hip Hiking on stairmaster  Hip flexor and ITB Stretching</p>	<p>Full Weight Bearing</p> <p>Avoid:  Hip flexor tendonitis  Trochanteric bursitis  Synovitis</p>

<p><b>◀ Phase III</b>  <b>Weeks 8 - 16</b>  Hip strength within 80% of uninvolved side  Independent Home Exercise Program incorporating Core Stability, Dynamic Stability, LE strength and flexibility  Restore prior level of cardiovascular fitness  Participate in sports specific agility drills by week 12  Participate in plyometric training  Treadmill Running program after week 16</p>	<ul style="list-style-type: none"> <li>Return to work/sports activities as advised by surgeon</li> </ul>
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