

Rehab after Hip Scopes

The overall goal of rehabilitation is to return the athlete (recreational or elite) to their pre-injury level of function. Components of that goal involve restoring normal range of motion, strength, gait, speed, agility, and power. However, this must be accomplished gradually while protecting the repaired tissue to allow for proper healing (Stalzer et al 2006). Progression through the following four phase protocol is based on both clinical criteria as well as time frames.

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 flexor pain or pinching pain
- Specific ROM restrictions (surgery dependent)
- Weight-bearing restrictions

Criteria for Progression to Phase II

- Minimal pain/pinching with all phase I exercise
- ROM = 75% of the uninvolved side
- Proper muscle firing patterns for initial exercises
- Do not progress to phase II until full weight bearing is

allowed

CPM machine is typically used 6 – 12 hours/day for 4 – 6 weeks.

Stationary bike (minimal resistance) for 20 min/day beginning the day of surgery.

Aquatic walking (with waterproof dressing) in chest deep water can begin day 1.

Refer to the tables in the Appendix for further details.

PHASE II—INTERMEDIATE REHABILITATION

typically initiated between 4 - 6 weeks postop, depending on the surgical procedure and weightbearing restrictions.

Goals

- Protect integrity of repaired tissue
- Restore full ROM
- Restore normal gait pattern
- Progressively increase muscle strength

Precautions

- No ballistic or forced stretching
- No treadmill use
- Avoid hip flexor/joint inflammation

Criteria for Progression to Phase III

- Full range of motion
- Pain-free/normal gait pattern
- Hip flexion strength > 60% of the uninvolved side
- Hip add, abd, ext, IR, ER strength > 70% of the uninvolved side

Cardiovascular training is initiated in this phase with use of elliptical machine or stairclimber.

Refer to tables found in the Appendix for further details.

PHASE III—ADVANCED

typically initiated between weeks 6 – 8 postop.

Goals

- Restoration of muscular endurance/strength
- Restoration of cardiovascular endurance
- Optimize neuromuscular control/balance/proprioception

Precautions

- Avoid hip flexor/joint inflammation

- No ballistic or forced stretching/strengthening
- No treadmill use
- No contact activities

Criteria for Progression to Phase IV

- Hip flexion strength > 70% of the uninvolved side
- Hip add, abd, ext, IR, ER strength > 80% of the uninvolved side
- Cardiovascular fitness equal to pre-injury level
- Demonstration of initial agility drills with proper body mechanics

During this phase, multi-directional and plyometric activities are performed. Refer to tables found in the Appendix for further details.

PHASE IV—SPORT-SPECIFIC TRAINING

Criteria for Full Return to Competition

- Full pain-free ROM
- Hip strength > 85% of the uninvolved side
- Ability to perform sport-specific drills at full speed without pain
- Completion of functional sports test

All patients should progress through the above phases of rehab. Specifics of each phase are modified based on the surgical procedure performed (Stalzer et al 2006).

References

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