**Phase I, 0-2 weeks**. No weight bearing (i.e. walking) until 2-3 weeks after surgery

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| PRECAUTIONS | - You may rest your foot on the ground (toe-touch weight bearing, TTWB), but do not put your body weight on it- Avoid pain during ROM exercises and CPM use- Gentle passive range of motion (PROM) only, no passive stretching. Avoid hip extension, and external rotation- Avoid “pushing through the pain”- Avoid isolated active hip flexion |
| Emphasize | - Pain and edema control; Cryotherapy and elevation- Continuous Passive Motion (CPM) machine 6 hours per day for the first 3 weeks. Set to 120° knee flexion (same as 90° hip flexion)- Protection of repair- Independent transfers, ambulation and stair negotiation- Pain-free Home Exercise Program (HEP) |
| Special Considerations | If a labral augmentation was performed, the timeframe of this protocol will be delayed by three weeks |
| Range of Motion Restrictions | ROM restrictions:* Flexion: 90°
* Extension: 0°
* Abduction: 30°
* IR in 90° hip flexion: 0°. IR with neutral hip: To tolerance
* ER in 90° hip flexion: 30°. ER with neutral hip: 20°
 |
| Treatment Recommendations | - Transfer training in and out of bed, sit to stand, and stair training while maintaining TTWB status- Pain-free distal AROM: Knee and ankle AROM- Stationary bicycle with NO resistance- ADL training- Initiate and emphasize importance of HEP- Soft Tissue Mobilization (STM) to scars, hip, thigh, and low back- Exercises: Isometrics (quads, glutes, prone abd/add and hamstrings), heel slides, prone quad stretches- Begin weaning crutches at 2 weeks, do not DC until there is no limp |
| Criteria for Advancement | - Safely transfers unassisted- Independent with sling management, or caregiver independent in assisting- Independent with ADLs- Independent with home exercise program (HEP) |

**Phase II, 2-6 weeks**. Regain full range of motion and normal gait pattern

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| PRECAUTIONS | - Prevent soft tissue irritation (i.e. hip flexors and adductors/groin)- No pain during exercises - No forced stretching- Avoid “pushing through the pain” |
| Emphasize | - Pain and edema control; Cryotherapy and elevation as needed- Wean off crutches slowly to avoid excessive soft tissue strain- Protection of repair- Regain full range of motion- Pain-free Home Exercise Program (HEP)- Begin walking for ADLs, avoid treadmill or prolonged walking |
| Special Considerations | If a labral augmentation was performed, the timeframe of this protocol will be delayed by three weeks |
| Range of Motion Restrictions | - Progress ROM as tolerated within comfort zone- Gentle stretching, no forced stretching |
| Treatment Recommendations | - Begin gentle strengthening once FROM achieved- Pain-free distal AROM: Knee and ankle AROM- Stationary bicycle with NO resistance- Continue gait and balance progression- Soft Tissue Mobilization (STM) and joint mobilization to scars, hip, thigh, knee, and low back- Exercises: quad, hamstring, adductor, hip flexor, and glutes progression |
| Criteria for Advancement | - Full, pain-free range of motion- Normal gait (i.e. no limp). The biggest obstacle is full hip extension- Independent with ADLs- Independent with home exercise program (HEP) |

**Phase III, 6-12 weeks**. Regain full strength

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| PRECAUTIONS | - Prevent soft tissue irritation (i.e. hip flexors and adductors/groin)- No pain during exercises - No forced stretching- Avoid “pushing through the pain” |
| Emphasize | - Normal gait and exercise patterns without compensation- Protection of repair- Pain-free Home Exercise Program (HEP) |
| Special Considerations | If a labral augmentation was performed, the timeframe of this protocol will be delayed by three weeks |
| Range of Motion Restrictions | - Progress ROM as tolerated within comfort zone- Gentle stretching, no forced stretching |
| Treatment Recommendations | - Progressive strengthening if FROM achieved- Continue gait and balance progression- Soft Tissue Mobilization (STM) and joint mobilization to scars, hip, thigh, knee, and low back- Exercises: quad, hamstring, adductor, hip flexor, and glutes progression. Progress to double leg presses and squatting, hamstring curls, bridges, backwards monster walks, core work, etc; then on to lunges, lateral band walks, standing fire hydrants, single leg exercises etc. around weeks 8-10. |
| Criteria for Advancement | - Full, pain-free range of motion (includes FABER and FADIR)- 4+/5 strength throughout the hip and lower extremity- Able to ascend/descend stairs, walk 15 minutes on a level surface- Stable single leg squats to 70°- Maintain a level/stable pelvis during exercises- No pain with initiation of sport-specific exercises- Adequate cardiovascular stamina |

**Phase IV, 12-20 weeks**. Progress back to sports and all activities

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| PRECAUTIONS | - Prevent soft tissue irritation (i.e. hip flexors and adductors/groin)- No pain during exercises - No forced stretching- Avoid “pushing through the pain”- Do not advance activity level until able to perform prior exercises with good stability and without pain |
| Emphasize | - Restore multi-directional strength without compensation- Begin impact and plyometric exercises- Must be able perform single-leg exercises prior to progression- Pain-free Home Exercise Program (HEP) |
| Special Considerations | If a labral augmentation was performed, the timeframe of this protocol will be delayed by three weeks |
| Range of Motion Restrictions | - Progress ROM as tolerated within comfort zone- Gentle stretching, no forced stretching |
| Treatment Recommendations | - Progress as tolerated- Begin plyometric and impact exercises- Jogging- Gradual return to sport-specific drills as tolerated |
| Criteria for Advancement | Able to pass a Return to Sport Test (i.e. Vail Hip Sport Test) |