**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) |