



1702 W FAIRVIEW AVE. • BOISE, ID 83702
 (208) 957-7400 • FAX (877) 287-3117
gustavelorthopedics.com

Hip Scope - POST-OP ACTIVITY GUIDELINES

Phase 1 (Surgery to 4 weeks post-op)		
Appointments:	<ul style="list-style-type: none"> - 7 days post-op: MD check / Initial Physical Therapy Appointment - MD check at 2 weeks post-op - Physical therapy as needed based on evaluation (1-2 times per week) 	
Wound care:	<ul style="list-style-type: none"> - 7 days post op: Dressing and sutures checked by MD - 10-14 days post-op: Sutures removed 	
Rehabilitation Precautions:	<ul style="list-style-type: none"> - AVOID SLR - Caution with bridging, glut sets, ER - Caution with weight bearing progression, watch symptom provocation with weight bearing. 	
Labral debridement or Labral repair (with or without osteoplasty)	Weight bearing	Touch down weight bearing x two weeks, then gradually progress WBAT over the third week.
	Range of motion	<ul style="list-style-type: none"> - Avoid active hip flexion >90 x 4weeks. - Do not push range of motion to point of pain x 4 weeks.
Treatment Strategies	Home Exercises	<ul style="list-style-type: none"> - Quad sets, short arc quads, resisted plantar flexion. - AAROM and AROM—gentle hip flexion (heel slides &/or knee to chest), abduction, extension (prone lying) progression - Hamstring, Achilles, quad stretching within ROM and pain guidelines - Abdominal work—Transverse abdominus, obliques.
	Clinic Exercises	<ul style="list-style-type: none"> - OKC knee extension, flexion, calf raises - CKC—weight shifting progression, ¼ squats (wall progressing to normal squat), terminal knee extension with tubing, bridging, double leg balance progression to single leg per WB guidelines. - Core strengthening - Bike, or Pool for ROM and weight bearing progression once wounds heal - Walking in the pool OR AlterG™ walking after 1st 2 wks to help with progression from TDWB to FWB.
	Patient Education	<ul style="list-style-type: none"> - Surgical procedure – effects on hip joint, capsule, iliopsoas - WBAT/crutch ambulation - ADL's - Wound care

	Cardiovascular	<ul style="list-style-type: none"> - Upper body circuit training or upper body ergometry (UBE) - Bike ASAP for mobility, low resistance, gradual progression. - Pool: Swimming or walking and range of motion exercises in pool once cleared by MD and wounds are healed (no frog kick/ breaststroke kick).
--	----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Phase 2 (4-10 weeks post-op)		
Appointments:		<ul style="list-style-type: none"> - MD check at 6 weeks post-op and every 4-6 weeks thereafter. - Rehabilitation based on patient progress (1+ times per week, progressing to as needed every 1 to 2 weeks)
Rehabilitation Precautions:		<ul style="list-style-type: none"> - NO Jumping or running until cleared by MD - Caution with progression of weight bearing and single leg activities - Watch for faulty movement patterns with ADL's and gait - Caution with repetitive hip flexion and long lever hip exercises - Post activity soreness should resolve in 24 hours
Labral debridement or repair (with or without osteoplasty)	Weight bearing	Full weight bearing
	Range of motion	<ul style="list-style-type: none"> - Work toward regaining full range of motion at the hip joint. - OK to gradually progress PROM within limits of pain.
Treatment Strategies	Exercise Progression	<ul style="list-style-type: none"> - Progressive hip strengthening <ul style="list-style-type: none"> o Tubing, PRE with weights o Standing, supine sidelying progression - Progress CKC activities: step up/down, squats - Progress to non-impact single leg balance activities as tolerated - Non-impact core exercise progression, hip exercises with stable pelvis - Stretching for patient specific muscle imbalances
	Patient Education	<ul style="list-style-type: none"> - Full weight bearing, but be careful with spending too much time on feet or progressing weight-bearing activities too quickly.
	Cardiovascular	<ul style="list-style-type: none"> - Non-impact endurance training: Upper body ergometry (UBE), stationary bike interval training, Swimming (no frog kick), deep water running in pool, walking progression, elliptical / cross trainer.

Phase 3 (10– 12 weeks post op)		
Appointments:		<ul style="list-style-type: none"> - MD check every 4 to 6 weeks - Rehabilitation based on patient progress
Rehabilitation Precautions:		<ul style="list-style-type: none"> - Must demonstrate good single leg landing and control in a repetitive fashion AND have clearance from MD to progress to impact exercise. - Caution with single leg activities - Watch for faulty movement patterns with ADL's and gait.
Treatment Strategies	Exercise Progression	<ul style="list-style-type: none"> - If applicable to the patient, progress to pre-running exercise as indicated by PT assessment <ul style="list-style-type: none"> o Single leg squats, Quick feet step up, jump downs from step, alternate easy hops L/R (with offloading as needed – on shuttle or leaning on counter or parallel bars)

		<ul style="list-style-type: none"> - Early plyometrics with off loading as needed. - Dynamic exercises progressing from single to multi-plane - Sport specific drills within impact guidelines and patient ability
	Patient Education	<ul style="list-style-type: none"> - Watch symptom response to starting impact
	Cardiovascular	<ul style="list-style-type: none"> - Continue with non-impact endurance training: UBE, stationary bike, swimming (no frog kick), deep water running, walking progression, elliptical / cross trainer. - Replicate sport or work specific energy demands - ALTER G Running 60%, gradually progress WB

Phase 4 (12+ weeks – 16+ weeks post op)		
Appointments:		<ul style="list-style-type: none"> - MD check every 4 to 6 weeks - Physical therapy as needed based on progress
Rehabilitation Precautions:		<ul style="list-style-type: none"> - Watch form with impact activities. - Ensure patient has adequate muscle control and endurance before progressing functional activities. - Watch for faulty movement patterns with ADL's and gait.
Treatment Strategies	Exercise Progression	<ul style="list-style-type: none"> - If applicable to the patient, progress to walk/jog program - Progress difficulty as indicated with all exercises - Progress dynamic balance activities - Advance hip and core strengthening - Work on muscular endurance - Stretching for patient specific muscle imbalances - Sport specific drills once patient demonstrates good control with impact and multi-plane exercises and can tolerate running program without pain. - Cutting and agility (at end of phase – 16 wks)
	Patient Education	<ul style="list-style-type: none"> - Watch symptom response to impact
	Cardiovascular	<ul style="list-style-type: none"> - Replicate sport or work specific energy demands - Swimming (progress to frog kick as tolerated) - Walk – Jog progression - ALTER G run progression to max weight bearing
Return to sport / work criteria		<ul style="list-style-type: none"> - Normal gait on all surfaces - Dynamic neuromuscular control with multi-plane activities without pain or swelling