

## **Routine Arthroscopic Procedure**

### **(Loose body removal, labral debridement, chondroplasty, synovectomy, ligamentum teres debridement)**

- Weight bearing as tolerated → use crutches to normalize gait
  - Crutches are usually discontinued at 5-7 days, once gait is normalized
- Initiate supervised physical therapy, postop day 1 or 2.
- Suture removal 7-10 days postop w/physical therapy or contact office (804) 379-8088
- Isometrics, co-contractions, closed chain exercises.
- Initiate stationary bike as symptoms allow.
  - Seat raised to avoid uncomfortable hip flexion.
  - Low resistance with the emphasis on fluid ROM.
- Pool program initiated when sutures removed and portals healed (approximately 10 days; sutures removed at 1 week).
- Rehab deliberate for the first 2-3 months, then initiate functional progression as symptoms allow (2 versus 3 months dictated by nature of pathology).
  - 2 months: loose fragment, simple labral tears, ruptured ligamentum teres.
  - 3 months: tenuous preserved labrum (i.e. thermal treatment for stabilization); or extensive articular damage.
- “Honeymoon period”
  - At 1 month most patients feel like they are doing better than they really are (regardless of eventual outcome).
  - Probably due to expectations of surgery being more disabling.
  - Risk of overdoing it!
  - Delaying functional progression based on tolerance to 2-3 months more reliable with less risk of setback.
  - Functional progression more liberal for athletes with close supervision.

***\*This is a guideline for progression. It needs to be tailored to the individual. It is a “one size fits all” progression and may need to be adjusted to best fit the patient.***

**Phase 1: Initial Exercise (Weeks 1-3)**

- Week 1
  - Ankle Pumps
  - Glut, quad, HS, adduction isometrics
  - Heel slides, active-assisted range of motion
  - Log rolling
  - Pelvic tilt, trunk rotation, modified dead bug
  - Double leg bridges
  - Seated heel lifts
  - Seated knee extension
  - Prone positioning – POE, prone knee flexion
  - Standing abduction, adduction, extension, flexion without resistance
  - Standard stationary bike without resistance at 3 days post-op (10min.if tolerated)
  - Upper body ergometer, upper body strengthening
  - Pain dominant hip mobilization- grades I,II
- Week 2 (in addition to above)
  - Abduction isometrics
  - Weight shifts- standing, sitting supported, anterior/posterior, laterals, physioball
  - ¼ Mini squats, standing heel lifts, wall mini-squats, physioball mini-squats with cocontraction
  - Hip flexion, IR/ER in pain-free range
  - 4 way theraband resistance on affected side (start very low resistance)
  - Ankle PNF
  - Superman
  - Pool water walking, ROM, march steps, lateral steps, backward walking, mini-squats, heel raises, hamstring and hip flexor stretches
- Week 3
  - Continue stationary bike with minimal resistance- 5min. increase daily
  - Active range of motion with gradual end range stretch within tolerance
  - Stiffness dominant hip mobilization-grades III,IV
  - Double leg bridges to single leg bridges
  - Clamshells (pain-free range)
  - 3 way leg raises- abd, add, ext
  - Single leg sports cord leg press (long sitting) limiting hip flexion
  - Shuttle leg press 90 degree hip flexion with co-contraction of adductors
  - Ankle resistance with dead bug
  - Quadriped 4 point support, progress 3 point support, progress 2 point
  - Seated physioball progression-active hip/knee
  - Forward and lateral walking over cups and hurdles (pause on effected limb), add ball toss while walking

## **Goals**

- Restore ROM
- Diminish pain and inflammation
- Prevent muscular inhibition
- Normalize gait

## **Criteria for progression to phase 2**

- Minimal pain with phase 1 exercises
- Minimal range of motion limitations
- Normalized gait without crutches

## **Phase 2: Intermediate exercises (Weeks 4-6)**

- Weeks 4 and 5
  - Gradually increase resistance with stationary bike
  - Initiate elliptical machine
  - Crunches
  - Bosu squats
  - Standing theraband/pulley weight flexion, adduction, abduction, extension, multihip machine
  - Single leg balance- firm to soft surface
  - Clamshells with theraband
  - Sidestepping with resistance (pause on effected limb), sports cord walking forward and backward (pause on effected limb)
  - Pool water ex.- flutterkick swimming, 4way hip with water weights, step-ups
- Week 6
  - Single leg balance-firm to soft surface with external perturbation (ball catch, sports specific/simulated ex.)
  - Leg Press (gradually increasing weight)
  - Physioball hamstring ex.- hip lift, bent knee hip lift, curls, balance
  - Superman on physioball- 2point on physioball
  - Knee extensions, hamstring curls
  - Manual/Theraband PNF

## **Goals**

- Restore pain-free range of motion
- Initiate proprioception exercises
- Progressively increase muscle strength and endurance

## **Criteria for progression to phase 3**

- Minimum pain with phase 2 ex.
- Single leg stance with level pelvis

### **Phase 3: Advanced exercises**

- Weeks 7-8
  - Full squats
  - Single stability ball bridges
  - Step-ups with eccentric lowering
  - Lunges progress from single plane to tri-planar lunges, add med balls for resistance and rotation
  - Theraband walking patterns-forward, side stepping, carioca, monster steps, backward, ½ circles forward/backward- 25yds. Start band at knee height and progress to ankle height
  - Side steps over cups/hurdles (with ball toss and external sports cord resistance), increase speed
  - Single leg body weight squats, increase external resistance, stand on soft surface

#### **Goals**

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

#### **Criteria for Progression to phase 4**

- Single leg mini-squat with level pelvis
- Cardiovascular fitness equal to preinjury level
- Demonstration of initial agility drills with proper body mechanics

### **Phase 4: Sports specific training rehab clinic based progression**

- Weeks 9-11
  - All phase 3 exercises
  - Single leg pick ups, add soft surface
  - Pool running (progress from chest deep to waist deep), treadmill jogging
  - Step drills, quick feet step ups (4-6 inch box) forward, lateral, carioca
  - Plyometrics, double leg and single leg shuttle jumps
  - Theraband walking patterns 1rep of six exercises x 50yds, progress to band at knee height and ankle height

#### **Sports specific training on field or court**

- Weeks 12 and on
  - Running progression
  - Sport specific drills
  - Traditional weight training

#### **Criteria for full return to competition:**

- Full range of motion
- Hip strength equal to uninvolved side, single leg pick up with level pelvis
- Ability to perform sport-specific drills at full speed without pain
- Completion of functional sports test

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