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Post Operative Hip Arthroscopy Rehabilitation Protocol for Dr. Ryan Nelson Labral Repair With or Without FAI Component

Date of Surgery:

ROM Restrictions:

-Perform PROM in patient's PAIN FREE Range

FLEXION	EXTENSION	EXTERNAL ROTATION	INTERNAL ROTATION	ABDUCTION
Limited to: 90 degrees x 2 weeks (may go higher in the CPM)	Limited to: 0 degrees x 3 weeks	Limited to: *30 degrees @ 90 degrees of hip flexion x 3 weeks *20 degrees in prone x 3 weeks	Limited to: *20 degrees @ 90 degrees of hip flexion x 3 weeks *No limitation in prone	Limited to: 30 degrees x 2 weeks

Weight Bearing Restrictions:

Gait Progression:

20# FOOT FLAT Weight Bearing -for 3 weeks (non-Micro-fracture) -for 6 weeks (with Microfracture)	Begin to D/C crutches at 3 weeks (6 wks if MicroFracture is performed). Patient may be fully off crutches and brace once gait is PAIN FREE and NON-COMPENSATORY
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PHASE 1

Goal: Protect the Joint and Avoid Irritation PT Pointers:

- Goal is symmetric ROM by 6-8 weeks
- NO Active open chain hip flexor activation
- Emphasize Proximal Control
- Manual Therapy to be provided **20-30 minutes**/PT session

PHASE 2

Goal: Non-Compensatory Gait and Progression PT Pointers:

- Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns - Provide tactile and verbal cueing to enable non-compensatory gait patterning
- Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- If MicroFracture was performed, Hold all weight bearing exercises until week 6

Phase 3

Goal: Return the Patient to Their Pre-Injury Level

PT Pointers:

- Focus on more FUNCTIONAL exercises in all planes
- Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises -More individualized, if the patients demand is higher than the rehab will be longer

Phase 4

Goal: Return to Sport PT Pointers:

- It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery -Perform a running analysis prior to running/cutting/agility
- Assess functional strength and obtain proximal control prior to advancement of phase 4

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