

HIP ARTHROSCOPY—ENDOSCOPIC GLUTEAL TENDON REPAIR

Physical Therapy, Strength and Conditioning

PHASE I: MAXIMUM PROTECTION (WEEKS 0 TO 6)

- Touch Down Weight Bearing x 6 weeks
- CPM 4-6 hours/day OR stationary bike 30 minutes/day without resistance
- Bledsoe brace—6 weeks (OK to remove for PT while maintaining ROM restrictions)
 - 0°–90° for 2 weeks
 - 0°–120° for 4 weeks

ROM Restrictions x 3 Weeks

- Flexion 0°–90° x 2 weeks progressing to 120° by week 3
- Extension 0°
- Internal rotation—ROM as tolerated at 0° and 90°
- Passive Abduction 0°–45°
- No ER or adduction x 6 weeks

Exercise Progression

- Stationary bike with no resistance: Immediately as tolerated
- Glute, quadriceps, hamstring isometrics (2x/day): Immediately as tolerated
- Hip PROM (2x/day) flexion, abduction, IR supine at 90° and prone at 0°
- Hip circumduction
- Initiate basic core: pelvic tilting, TVA and breathing re-education
- Quadriceps Stretching in prone
- Quadraped rocking beginning POD 14

Manual Therapy

- Scar mobilization
- STM to quad, ITB, hip flexors, glutes, hip adductors/abductors/rotators
- Continue work on ROM as outlined above

Criteria for Progression to Phase 2:

- *Mobility within limitations*
- *Early restoration of neuromuscular control*
- *6 week Follow-up Exam with surgeon*

PHASE II: PROGRESSIVE STRETCHING AND EARLY STRENGTHENING (WEEKS 6 TO 10)

Goals

- Discontinue Brace
- Begin PWB as tolerated with goal to wean off crutches (2-4 wks process)
- Normal gait
- Normal single limb stance
- Improve LE activation, strength and endurance work

Manual Therapy

- Scar mobilization: 2 times per day: May use Vit E or other lotion as desired
- STM to quad, ITB, hip flexors, glutes, hip adductors/abductors/rotators
- Continue work on ROM as tolerated (flexion, abduction, IR, ER)
- Lower extremity stretching program (avoid ITB and piriformis)

Exercise Progression (as tolerated)

- Bridging double and single
- Supine dead bug series
- Core 6 program
- Quadruped hip extension series
- Standing open and closed chain multi-plane hip (avoid hip abduction at this time)
- Step-up progression
- Squat progression
- Heel raises
- Stationary biking
- Single limb stance progression

Criteria for Progression to Phase 3

- *Flexion, ER and IR ROM within normal limits*
- *Normal Gait*
- *No Trendelenberg with Single Leg Stance/descending stairs*
- *Normal bilateral squat*

PHASE III: ADVANCED STRENGTHENING AND ENDURANCE TRAINING (WEEKS 10 TO 16)

Manual Therapy

- Continue soft tissue mobilization as needed particularly glutes, adductors, hip flexors, abductors
- Gentle joint mobilizations as needed for patients lacking ER or FABER ROM
- May begin trigger point dry needling for glutes, quads, adductors NO HIP FLEXOR TDN until Week 8.
- Assess FMA and begin to address movement dysfunctions

Exercise Progression

- Sidelying hip abduction
- Standing internal/external rotation strengthening (use stool)
- Continue with muscle activation series (quadruped or straight leg series)
- Introduce movement series to increase proprioception, balance, and functional flexibility
- Progress core program as appropriate
- Advanced glute and posterior chain strengthening
- Leg press and leg curl
- Squat progression (double to single leg—add load as tolerated)
- Lunge progression
- Step-up Progression
- Walking program
- May begin Deep water pool walking at 10 weeks if incisions closed, flutter/dolphin kick at 12 weeks
- Outdoor biking—discuss with surgeon and PT
- Implement full LE stretching program as tolerated

Criteria for Progression to Phase 4:

- *4-6 months post-op*
- *Hip abduction and extension strength 5/5*
- *Single Leg Squat symmetrical with uninvolved side*
- *Full ROM*
- *No Impingement with ROM*