

Hip Femoroplasty Rehabilitation Guideline

Individual patient circumstances may affect the guideline (tear configuration, fixation used, associated procedures, etc.)

See operative note for full description

| Phase | Goals | Precautions/Restrictions | Treatment |
|---------------------|---|---|---|
| Weeks 0 – 4 | <ul style="list-style-type: none"> • Protect surgical site • Reduce lower extremity edema • Regain neuromuscular control of pelvis and hip musculature • Decrease pain and inflammation • Limit Trendelenburg gait | <ul style="list-style-type: none"> • PWB first 2 weeks • WBAT after 2 weeks • Avoid pinching with ROM • Avoid active straight leg raise • Motion restrictions: <ul style="list-style-type: none"> ○ No IR/abduction > 25° ○ No ER/extension > 0° ○ No hip flexion > 90° | <ul style="list-style-type: none"> • PRICE <ul style="list-style-type: none"> ○ Cryotherapy • ROM (see restrictions): <ul style="list-style-type: none"> ○ Stationary bike (upright position), quadruped rocking, prone IR, prone press to neutral • Hip isometrics -> isotonics (avoid SLR) • Side planks, bridges, hip hike, hamstring curls • Gait training with crutches • Initiate BFR at 2 weeks; if applicable |
| Weeks 4 – 8 | <ul style="list-style-type: none"> • Normalize gait • Achieve full ROM • Demonstrate good control with step down task at 8 inch step • Independence with daily activities | <ul style="list-style-type: none"> • Progress to WBAT • Avoid anterior hip pain • Avoid forced stretching • Caution with repetitive hip flexion activities • Limit impact activities | <ul style="list-style-type: none"> • ROM: as tolerated • Gait training from WBAT to independent • Core stabilization exercises • Neuromuscular re-education • Global LE strengthening <ul style="list-style-type: none"> ○ Retrain psoas from trunk down ○ Strengthening at knee angles 0-60 degrees (i.e., leg press, step-up, monster walks, partial squat, SL squat) • Double limb -> single limb balance/proprioception • Aerobic training: walking program, stationary bike |
| Weeks 8 – 12 | <ul style="list-style-type: none"> • Full ROM • Increase functional LE strength • Isometric strength at > 80% LSI (See functional assessment for return to running criteria) • Pass Return to Run criteria | <ul style="list-style-type: none"> • Avoid painful activities • Avoid forceful hip flexion activity such as kicking • No jogging/plyometric activities | <ul style="list-style-type: none"> • ROM: as tolerated (check hip IR progression) • Increase loading capacity for lower extremity strengthening exercises <ul style="list-style-type: none"> ○ May initiate higher knee flexion angles (i.e., lateral lunge, forward lunge, depth squat) ○ Double limb -> single limb • Continue balance/proprioceptive training • Aerobic training: elliptical, stairmaster, swimming (avoid butterfly kicks) |
| Weeks 12-16 | <ul style="list-style-type: none"> • Full ROM • Progress functional strengthening • Prepare for return to sport/functional assessment | <ul style="list-style-type: none"> • Progress running/plyometric activity • Monitor joint pain with increase load and adjust accordingly | <ul style="list-style-type: none"> • Gradually increase lifting loads focusing on form, control, and tissue tolerance • Running program • Progress as tolerated: strength, endurance, proprioception/balance, agility, sport specific skills |
| Weeks 16+ | <ul style="list-style-type: none"> • Pass return to sport/functional assessment • Return to sport/activity | <ul style="list-style-type: none"> • Monitor joint pain with increase load and adjust accordingly • Return to sport 5-7 months post-op with surgeon approval | <ul style="list-style-type: none"> • Continue strength, endurance, proprioceptive, agility and sport specific skills • Running program • ARC program |

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.



Hip Arthroscopy Functional Assessment

| Phase | Criteria | Testing |
|---|--|---|
| Week 12 - 16 Must meet criteria prior to running | <ul style="list-style-type: none"> • Full, symmetric ROM • Y-balance anterior reach asymmetry < 5 cm • Bent knee fallout < 3.6 cm difference • Quadriceps strength for isometric test > 80% of uninvolved side • Hip abduction strength for isometric test > 80% of uninvolved side | <ul style="list-style-type: none"> • Passive and active ROM • Bent knee fallout • Isometric knee extension at 60° with handheld dynamometry (HHD) • Isometric hip abduction at neutral with HHD • Isometric single leg squat at 60° on 3PQ • FOTO, HAGOS |
| Months 5-7+ Must meet criteria prior return to sport | <ul style="list-style-type: none"> • Full, symmetric ROM • 100% LSI for isometric testing • 100% LSI for functional testing | <ul style="list-style-type: none"> • Passive and active ROM • Hop Test <ul style="list-style-type: none"> ○ Triple Hop ○ Medial triple hop ○ Medial rotational hop • Isometric strength testing with HHD <ul style="list-style-type: none"> ○ Hip abduction at neutral ○ Hip flexion in seated ○ Hip IR/ER in prone • Single leg jump on 3PQ • Isometric single leg squat at 90° on 3PQ • Agility T-Test • FOTO, HAGOS |

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