HIP ARTHROSCOPY WITH CORE DECOMPRESSION POST-OPERATIVE GUIDELINES

The following hip arthroscopy with core decompression post-operative guidelines were developed by HSS Rehabilitation. **Progressions in this guideline are both criteria-based and can be modified for individual patient needs.** Phases and time frames are designed to give the clinician a general sense of progression. The rehabilitation program following core decompression emphasizes early, controlled motion to prevent hip stiffness and to avoid disuse atrophy of the musculature. The program should be a balance of managing prior deficits, tissue healing and appropriate interventions to maximize flexibility, strength, and pain-free performance of functional activities. This model should not replace clinical judgment.

**FOLLOW PHYSICIAN’S MODIFICATIONS AS PRESCRIBED.**
HIP ARTHROSCOPY WITH CORE DECOMPRESSION POST-OPERATIVE GUIDELINES

Post-Operative Phase 1: Days 1-7

PRECAUTIONS
- Weight bearing as tolerated with assistive device
- No high impact activity for 12 weeks

ASSESSMENT
- Lower Extremity Functional Scale (LEFS)
- Hip Disability and Osteoarthritis Outcome Score (HOOS Jr.)
- Numeric Pain Rating Scale (NPRS)
- Screen for red flags
- Wound and sutures
- Swelling
- Neurological status (global and local to surgical site)
- Functional status
- Hip range of motion (ROM)
- Strength

TREATMENT RECOMMENDATIONS
- Strengthening exercises including quadriceps and gluteal isometrics, ankle pumps, seated knee extension, seated hip flexion, standing hip abduction, standing knee flexion
- Transfer training in and out of bed and sit to stand from chair
- Gait training with assistive device
- Stair negotiation with assistive device
- Activities of daily living (ADL) training
- Cryotherapy
- Initiate and emphasize importance of home exercise program (HEP)

CRITERIA FOR ADVANCEMENT
- Transfers unassisted from supine to sit and sit to stand safely
- Ambulates safely with assistive device on level surfaces and stairs
- Independent with HEP
EMPHASIZE

• Control swelling
• Independent transfers, gait, and stair negotiation
• Pain-free basic exercises
HIP ARTHROSCOOPY WITH CORE DECOMPRESSION POST-OPERATIVE GUIDELINES
Post-Operative Phase 2: Weeks 2-6

PRECAUTIONS
- Weight bearing as tolerated with assistive device
- No high impact activity for 12 weeks

ASSESSMENT
- LEFS
- HOOS Jr.
- NPRS
- Hip active ROM
- Lower extremity (LE) and core strength
- Single leg stance
- Lumbo-pelvic dissociation
- Functional squat / sit to stand
- 4”- 8” step up / down

TREATMENT RECOMMENDATIONS
- Restore ROM through active motion, functional movements and guided passive stretches
- Closed kinetic chain exercises for the core and LE
- Exercises that encourage lumbo-pelvic and femoropelvic dissociation (e.g., quadruped rocking)
- Body weighted squatting with focus on hip hinging and symmetrical weight bearing
- Low impact cardiovascular conditioning including stationary bicycle, elliptical, treadmill walking
- Gait training with focus on active hip flexion and extension, symmetrical weight bearing, heel strike
- Forward and lateral step up progression
- Step down progression
- Proprioception/balance training
- Cryotherapy/modalities
MINIMUM CRITERIA FOR ADVANCEMENT

- Able to complete 6” step up with adequate control
- Symmetrical functional squat
- Swelling and pain controlled
- Ambulation on level surface with normal gait pattern
- Independent with ADL
- Independent with full HEP

EMPHASIZE

- Control swelling
- Functional strength
- Normalize gait pattern
- Reciprocal stair negotiation
- Encourage lumbopelvic and hip hinging dissociation
HIP ARTHROSCOPY WITH CORE DECOMPRESSSION POST-OPERATIVE GUIDELINES

Post-Operative Phase 3: Weeks 7-12

PRECAUTIONS
- No high impact activity for 12 weeks

ASSESSMENT
- LEFS
- HOOS Jr.
- NPRS
- Hip active ROM
- LE flexibility
- Core strength
- Single leg squat
- 8” step up / down

TREATMENT RECOMMENDATIONS
- Improve LE flexibility based on findings
- Core strengthening
- Progress exercises that encourage lumbopelvic and femoropelvic dissociation
- Progressive resistance exercises of bilateral LE
- Leg press progression (double limb, eccentric, single limb)
- Progress stationary bicycle, walking on treadmill, elliptical, if tolerated
- Advance proprioception and dynamic/single leg balance exercise
- Continue step progressions for strength and function
- Address limitations throughout the kinetic chain that are affecting mobility
- Pool therapy if available

CRITERIA FOR DISCHARGE
- LE strength and ROM WFL
- Able to complete 8” step down with control
- Independent with all mobility tasks
- Independent with full HEP
- Discharge or progress to Phase 3 if cleared by surgeon to return to sport or advanced functional activities
EMPHASIZE

- Increase flexibility – emphasize hip extension, flexion and external rotation
- Increase strength – emphasize hip abduction and extension without compensation
- Gradual return to function/recreational activity
- Diminish frequency of physical therapy and progress towards independent HEP
HIP ARTHROSCOPY WITH CORE DECOMPRESSION POST-OPERATIVE GUIDELINES

Post-Operative Phase 4: Weeks 13-16

BEGIN ONLY IF RETURNING TO SPORT WITH SURGEON CLEARANCE

PRECAUTIONS
- Discuss with surgeon regarding which activities are permitted following core decompression

ASSESSMENT
- LEFS
- HOOS Jr.
- NPRS
- Hip ROM
- Flexibility
- Strength
- Single leg squat – minimum 10 reps
- Star Excursion test
- Kinetic chain during sport specific movement

TREATMENT RECOMMENDATIONS
- Eccentric quadriceps strengthening; hamstring and gluteal strength and control
- Core stabilization / endurance tasks
- Progressive resistance exercises
- Low-medium impact cardiovascular conditioning
- Low-medium impact agility drills
- Dynamic balance activities
- Sports-specific warm-up and activities
- Low impact plyometrics (hopping, skipping) progressing to appropriate impact depending on sport
- Consider working with a performance specialist specific to the sport or activity
CRITERIA FOR DISCHARGE

- Minimal symptoms worsening during exercise session and 24 hours after
- Adequate control with single leg squat
- Symmetrical LE strength
- Strength, ROM, flexibility throughout kinetic chain to meet sports specific demands
- Independent with full HEP

EMPHASIZE

- Neuromuscular patterning
- Gradual increase of loads to meet sports specific demands
- Optimize kinetic chain to meet sports specific demands
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References


Created: 1/2021