

Rehabilitation Protocol: Hip Arthroscopic Femoroplasty

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- **Weightbearing:** 25% weight bearing, using crutches for first 2 weeks, then advance to WBAT. (May change depending on procedure)
- **Range of Motion** – AAROM → AROM 0-90°
 - **Weeks 0-4:** 0-90°
 - **Weeks 4-6:** Advance to full painless ROM as tolerated
- **Therapeutic Exercises**
 - **Avoid** exercises that engage iliopsoas (eg. No straight leg raises, resisted hip flexion, abductors)
 - Straight plane distraction, force applied to lower leg
 - Inferior glide (patient supine, hip & knee at 90°, force on anterosuperior thigh)
 - Posterior glide (patient supine, hip and knee at 90°, force applied through knee)
 - Isometrics: quad, glute, hamstring, hip abductor/adductor strengthening
 - Weight shifting, standing hip abduction, double leg bridging, sidelying leg raises in IR
 - Upper body ergometer

Phase II (Weeks 6-12)

- **Weightbearing:** As tolerated -- discontinue crutch use at 2 weeks
- **Hinged Knee Brace:** Discontinue brace use when patient has achieved full extension with no evidence of extension lag
- **Range of Motion** – Full active ROM
- **Therapeutic Exercises**
 - Closed chain extension exercises, Hamstring strengthening
 - Lunges – 0-90°, Leg press – 0-90°
 - Proprioception exercises
 - Begin use of the stationary bicycle

Phase III (Weeks 12-16)

- **Weightbearing:** Full weightbearing with normal gait pattern
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
 - Continue with quad and hamstring strengthening
 - Focus on single-leg strength
 - Begin jogging/running
 - Plyometrics and sport-specific drills

Phase IV (Months 4-6)

- Gradual return to athletic activity as tolerated
- Maintenance program for strength and endurance

Comments: Patients should avoid tibial rotation for 4-6 weeks post-op

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____