*Please realize that no two individuals or surgeries are alike. Keep in mind that:*

“As tolerated” means be safe and use common sense; pain, a limp, and swelling are indicators that you are doing too much too soon. If any of these should occur, decrease activity level, ice and elevate the leg.

Ice is your friend. Please ice for 20 minutes following each exercise, therapy, or training session. While your hip remains swollen or feels as if it is, icing should also be done separate from exercise at least three times per day.

Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. These are merely guidelines.

Progress should be agreed upon by the patient and his/her team of providers.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Phase 1 – Weeks 1-3***

**Brace:**

* None

**Crutches/Function:**

* Ambulation: Partial weight-bearing, ‘Foot flat’ (20lbs) with crutches

**ROM:**

* Extension: 10°
* Flexion: 90°. Progress after 10 days as tolerated
* Abduction: 25°
* Adduction: Full
* Internal Rotation in flexion, with hip in neutral flexion/extension: Full
* External Rotation in flexion, with hip in neutral flexion/extension: 25°

**Therapeutic Exercises:**

* Glut, quad and hamstring isometrics
* Open kinetic chain (OKC) knee extension and knee flexion in pain free ROM and as tolerated at PF joint
* Ankle and foot stretching and strengthening
* Initiate at week 2:
  + Straight leg raises (3 way), no flexion
  + Bridges, seated hip flexion
  + Hip internal and external isometrics in prone

**Manual:**

* Scar and soft tissue massage

**Proprioception:**

* Seated BAPS

**Cardio:**

* UBE (arm bike), stationary bike less than 10 minutes

**Modalities:**

* NMES (neuromuscular electrical stimulation) for quadriceps atrophy, strengthening as needed
* HVPC (high volt pulsed current) for effusion (swelling) reduction as needed
* Cryotherapy 6-8 times per day for 15 to 20 minutes each

***Progression to Phase II:***

* Ability to perform strong quad set
* Achievement of ROM goals above
* Minimal effusion

***Phase 2: Weeks 3-4***

**ROM:**

* Extension: 20°
* Flexion: 120°
* Abduction: 45°
* Adduction: 45°
* Internal Rotation in flexion: 30°
* External Rotation in flexion: 90°

**Therapeutic Exercises:**

* Straight leg raises in four directions
* OKC knee extension and flexion as tolerated

**Manual:**

* Scar and soft tissue massage

**Proprioception:**

* BAPS board, weight shifting

**Cardio:**

* UBE, stationary bike less than 15 minutes

**Modalities:**

* HVPC for effusion reduction as needed
* Cryotherapy 6-8 times per day for 15 to 20 minutes each

***Progression to Phase III:***

* Full and pain-free ROM
* No effusion
* No pain
* Manual muscle testing of hip musculature at least 4/5

***Phase 3: Weeks 4-8***

**Therapeutic Exercises:**

* Initiate closed kinetic chain (CKC) strengthening: mini squats, step ups, step downs, etc.
* Hip and core strengthening

**Proprioception:**

* SLS, BAPS
* Progress to unstable surfaces and with perturbations
* Joint repositioning

**Cardio:**

* UBE, stationary bike, elliptical, treadmill ambulation

**Modalities:**

* Cryotherapy after activity for 15 to 20 minutes

***Progression to Phase IV:***

* Full ROM
* No effusion
* No pain
* Manual muscle testing of hip musculature at least 5/5

***Phase 4: Weeks 8-16***

**Therapeutic Exercises:**

* Progress exercises as tolerated in all planes
* Hip and core strengthening

**Proprioception:**

* Progress single leg stance on unstable surfaces with perturbations

**Plyometrics:**

* Double-leg plyometrics progressing to single leg as tolerated

**Cardio:**

* Stationary bike, elliptical, stair climber
* Initiate treadmill jogging

***Phase 5: Week 16 - Return-to-Sport***

**Recommend pursuing Transitional Therapy for return to sport activities during this phase**

* **Transitional Therapy – a strength and conditioning program that is led by medical professionals with a sports medicine background with the goal of transitioning from therapy back to sport**
* **Contact Elite Sports Medicine for details**

In addition to ongoing strength, balance, agility, and cardio conditioning, initiate sport-specific plyometric activities as tolerated such as:

**Soccer/Football:**2-foot ankle hop, double-leg hop, front barrier hop, lateral barrier hop, single-leg hop, power skip, backward skip, double-arm alternate-leg bound, and cycled split squat jump

**Basketball/Volleyball:** 2-foot ankle hop, double-leg hop, squat jump, double-leg vertical jump, single-leg hop, single-leg vertical jump, power skip, backward skip, double-arm alternate-leg bound, alternate-leg push off box drill, and side-to-side push-off box drill

**Baseball/Softball/Overhead throwing sports:** 2-foot ankle hop, double-leg hop, front barrier hop, lateral barrier hop, single-leg hop, power skip, backward skip, double-arm alternate-leg bound, cycled split squat jump, and return to throwing program.