

# Covenant Medical Group • Orthopaedics

## Orthopaedic Surgery & Sports Medicine • Garrett Kerns, DO

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### CLINICAL PROTOCOL FOR CAPSULORRHAPHY – HIP

#### PHASE 1: Post-Op Weeks 1-4

##### Goals:

- Protect integrity of the repaired capsule
- Reduce inflammation of the iliopsoas
- Prevent muscular inhibition emphasis on gluteus medius and maximus

##### Precautions:

- Limit hip flexion to 90 degrees, ABD to 20 degrees, external rotation to 20 degrees and extension to 0 degrees
- Avoid excessive flexion, ABD, external rotation and extension
- No supine SLR
- Braced ADL's and sleeping

##### Weightbearing Progression:

- TDWB for post-op weeks 1-3
- Progress to 50% TWB with 2 crutches at 4 weeks post-op if the following criteria are met
  - Controlled pain
  - Non-antalgic gait pattern
  - Normal pelvofemoral mechanics
- Unlock brace allow for 50 degrees of extension with ambulation at week 4

##### Exercise Program:

- **Weeks 1-3:**
  - Ankle pumps
  - Quad sets, heel digs, glut sets
  - Isometric hip ADD supine with bolster between knees
  - Isometric hip ABD with belt around knees
  - Curl-up
- **Week 4:**
  - Prone isometric hip IR and ER in neutral rotation
  - Standing hip flexion to 90 degrees with knee flexed, ABD and extension AROM
  - Bridge with tubing/belt at knees
  - Uninvolved knee to chest

## **PHASE 2: Post-Op Weeks 5-6**

### **Criteria for Progression to Phase 2:**

- Minimal pain with phase 1 exercises
- 90 degrees of hip flexion AROM
- Normal gait pattern with two crutches 50% weight-bearing

### **Goals:**

- Protect integrity of repaired capsule
- Progressively increased strength
- Normalize gait without assistive device and normal pelvofemoral mechanics

### **Weightbearing Progression:**

- Progress weight-bearing 75% and PWB at post-op week five
- Progress FWB at week 6 if the following criteria are met
  - Controlled pain
  - Non-antalgic gait pattern
  - Normal pelvofemoral mechanics

### **Exercise Program:**

- Calf raises
- Mini squat
- Clock steps
- Involved and uninvolved anterior/posterior steps with ball taps
- Single leg balance
- Unilateral bridge if able to maintain neutral pelvic alignment

## **PHASE 3: Post-Op Weeks 7-11**

### **Criteria for Progression to Phase 3:**

- Pain-free/normal gait patterns
- Hip flexion strength > 60% of the uninvolved side
- Hip ADD, ABD, extension, internal rotation and external rotation > 70% of the uninvolved side

### **Goals:**

- Restoration of full hip ROM
- Restoration of muscular strength and endurance
- Restoration of cardiovascular and terrance
- Abdomen eyes neuromuscular control/balance/proprioception

### **Exercise Program:**

- Step up/step down
- Closed chain T-band hip internal and external rotation
- Side stepping with T-band or sports cords
- Elliptical and stairclimber
- Walking lunges progressing to walking lunges with trunk rotation

## PHASE 4: Post-Op Week 12

### Criteria for Progression to Phase 4:

- Successful progression through Phase 3 exercises
- Hip strength in all planes > 85% of the uninvolved side

### Goals:

- Progression to a graduated running program
- Progression to a graduated agilities program
- Return to sports

### Criteria for Progression to a Graduated Running Program:

- Step-down test > 85% of the uninvolved side
- Demonstrate normal and symmetrical pelvofemoral mechanics with single leg hop test and drop jump
- Satisfactory straight ahead jogging observation

### Criteria for Progression to a Graduated Agilities Program:

- Satisfactory progression to 50% effort running without complaint of pain and symmetrical pelvofemoral mechanics

### Criteria for Return to Sports:

- Successful completion of running and agilities program to 100% affect
- Successful completion of sport specific drills
- Hip strength in all planes equal to the uninvolved side
- Successful completion of the Lower Extremity Functional Capacity Assessment

### References:

- Byrd TJ. *Femoroacetabular Impingement in Athletes, Part I: Cause and Assessment. SportsHealth.* 2010;2(4):321-333.
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- Enseki KR, Martin RL, Draovitch, Kelly BT, Pilippon MJ, Schenker ML. *The Hip Joint: Arthroscopic Procedures and Postoperative Rehabilitation. JOSPT.* 2006;36:516-525.
- Philippon MJ, Weiss DR, Kuppersmith DA. *Arthroscopic Labral Repair and Treatment of Femoroacetabular Impingement in Professional Hockey Players. Am. J. Sports Med.* 2010;38:99-104.
- Sampson T. *Arthroscopic treatment of femoroacetabular impingement. Am. J. Orthop.* 2008;37:608-612.

*These are general guidelines and may vary depending on your surgery/surgeon.*

