



Melbourne Orthopaedic Group

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REHABILITATION PROTOCOL FOR HIP SCOPE FAST STREAM

Physiotherapy Protocol

The following is intended to guide the patient through the post operative rehabilitation process. Each patient may still require individualised modifications to their program depending on the extent of the original injury, type of surgery performed, pain level, degree of stiffness and strength.

Labrum Repair

Anchors

Cam Lesion

Pincer Lesion

Capsular Repair

Lig Teres

Arthritis

Crutches

Restrictions

This letter is written both as a courtesy and in confidence to assist in the assessment and management of a referred patient. This letter must not be copied to any third party, including the patient or anyone nominated by the patient, without the express permission of the Author.

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Dosage 1-2 daily

0-2 weeks

RICER.
PWB crutches.
Foot and Ankle Exercises.
Static Quads.
Active Hip Knee Flexion in Supine as able.
Active Hip Abduction in Supine as able.
Active ER/IR as able.

2-4 weeks

Exercise Bike gentle ROM, no resist, begin 5 mins and build as tolerated.
Pelvic Tilt, Crook Lying.
IE/ER Hip ROM, Prone.
TA basic contraction, progressing as able.
TA with Hip Ab/ ER in crook lying.
Active Hip Flexion in Standing.
Isometric Gluteus Medius in Standing.
Bridging 2 legs, elastic around knees, stabilising with abductors.
Clam, Side Lying, Hip flex 45, heels in line with gluteals.
Hip Abduction side lying.
Hip Hitching in Standing (no Step).
Adductor Stretches.
Hamstring Stretches.
Knee to Opposite Shoulder, limit by pain.

4-6 weeks

PKB
Glut Medius stabilisation in 4 point kneel.
Single Leg Bridge, progress to bridge with opposite leg at 90 hip flexion.
Clam in Side Lying with lower foot at 45 degrees ER.
Side Lying Plank from knees.
Hip Abduction with foot circles.
Single Leg Balance, Progress to eyes closed.
Stabilisation Step Downs.
Hip Hitching off Step.
Swimming, increase as tolerated, avoid breast stroke.

6-10 Weeks

Stretch Piriformis,
Stretch Iliopsoas Lunge and Thomas,
Stretch ITB,
Squat, watch posture.
Bridging Swiss Ball, progress to single leg bridge.
Side Plank from Feet, add hip abduction top leg as able.
Prone Plank 4 point, progress to 3 point, and hip flexion as able.
Stabilisation Lunge.
Side Step ups/ down.
Stabilisation standing on box, move non dependent leg into flex, ext, int rot, circles.
Balance board.
Stabilisation rotation of Hip IR/ER in standing, hip flexed to 90 degrees.
Side Steps with Band
Walk- Run

10 Weeks +

IR, ER, Psoas, with Elastic
Fast Feet on Step, Fwd and Side
Side Stepping/ Hopping
Cross Leg Over Step
Lunge on Box
Plyometrics
Running where recommended
RTS