

שיקום לאחר אורתרוסקופיה של מפרק הירך

PHASE I OF REHABILITATION

MAXIMUM PROTECTION AND MOBILITY

GOALS:

1. PROTECT THE INTEGRITY OF THE REPAIR
2. REDUCE PAIN AND SWELLING
3. INITIATE ROM
4. RE-ESTABLISH GLUT ACTIVATION
5. HEP

RESTRICTIONS:

Range of Motion: protect the capsule and labral repair

- FLEXION 0-70 FOR 10 DAYS, PROGRESS AS TOLERATED
- ABDUCTION 0-45 FOR 2 WEEKS, AVOID LATERAL HIP PAIN
- ER 0 FOR: DEPENDS ON PROCEDURE
- EXTENSION 0 FOR: DEPENDS ON PROCEDURE
- IR : NO LIMITS
- ADD: NOLIMITS

WEIGHT BEARING (WB) STATUS:

NON MICROFRACTURE:

- Non WB FOR 3 WEEKS (2 crutches)
- 50% WB FOR 1 WEEK (1 crutch) THEN WEAN TO FWB

MICROFRACTURE:

- Non WB FOR 6 WEEKS (2 crutches)
- 50% FOR 1 WEEK (1 crutch) THEN WEAN TO FWB

PHASE 1 MAXIMUM PROTECTION AND MOBILITY

TREATMENT STRATEGIES

1. CPM 30-70 4-6 HOURS PER DAY
2. ICE / COMPRESSION / GAME READY
3. SOFT TISSUE MASSAGE / RETROGRADE / LYMPHATIC DRAINAGE
4. ISOMETRICS
5. PROM / CIRCUMDUCTION
6. INITIATE STRETCHING PROGRAM
7. CORE ACTIVATION
8. GENTLE MUSCLE STRETCHING
9. NON RESISTANT STATIONARY BICYCLING
10. GAIT TRAINING
11. INITIATE SHORT CRANK BIKE/REGULAR BIKE AS TOLERATED 10-15 MIN, NO RESISTENCE

CRITERIA TO ADVANCE TO PHASE II

1. MINIMAL C/O PAIN WITH PHASE I EXERCISES
2. PROPER MUSCLE ACTIVATION WITH PHASE I EXERCISES
3. MINIMAL C/O PINCHING IN THE FRONT OF THE HIP BEFORE 100 DEGREES FLEXION
4. FULL WB IS ALLOWED AND IS TOLERATED

PHASE II OF REHABILITATION: CONTROLLED STABILITY**GOALS:**

1. NORMALIZE GAIT
2. RESTORE FULL ROM
3. IMPROVE NEUROMUSCULAR CONTROL, BALANCE, PROPRIOCEPTION
4. INITIATE FUNCTIONAL EXERCISES MAINTAINING CORE AND PELVIC STABILITY

PRECAUTIONS:

1. AVOID HIP FLEXOR AND ADDUCTOR IRRITATION
2. AVOID JOINT IRRITATION: balance intensity and volume of therex with proper rest
3. AVOID BALLISTIC OR AGGRESSIVE STRETCHING
4. DO NOT PUSH FLEXION AND ER MOTION

TREATMENT STRATEGIES:

1. WEAN OFF CRUTCHES PER WB GUIDELINES
2. GAIT TRAINING WITH EMPHASIS ON CORE CONTROL AND GLUT ACTIVATION
3. SOFT TISSUE MASSAGE AND MOBILIZATIONS / ITB / HIP FLEXOR / TFL
4. NON RESISTANT CYCLING
5. PROM / CIRCUMDUCTION
6. PAIN FREE STRETCHING HIP FLEXOR / ITB / TFL / HAMSTRING / QUAD
7. FULL A/PROM
8. CORE STABILITY
9. WEIGHT BEARING / PROPRIOCEPTIVE ACTIVITIES
10. MOVEMENT PREP
11. CARDIOVASCULAR AND UPPER BODY EXERCISES
12. INITIATE BEGINNING OF FUNCTIONAL EXERCISES AT THE END OF PHASE II

CRITERIA TO ADVANCE:

1. NORMAL PAIN FREE GAIT
2. FULL ROM WITH MINIMAL STIFFNESS INTO EXTERNAL ROTATION
3. NO JOINT INFLAMMATION, MUSCLE IRRITATION, OR PAIN
4. ACHIEVE ADVANCEMENT TO FUNCTIONAL EXERCISES WITHOUT PAIN AND GOOD NEUROMUSCULAR CONTROL

PHASE III OF REHABILITATION: FUNCTIONAL TRAINING

GOALS:

1. RESTORE NORMAL STRENGTH
2. RESTORE NORMAL PROPRIOCEPTION
3. BEGIN PLYOMETRIC PROGRAM
4. BEGIN AGILITY AND RUNNING PROGRAM
5. PREPARE FOR RETURN TO SPORTS

TREATMENT STRATEGIES:

1. DYNAMIC WARMUP / MOVEMENT PREP
2. FELDENKRAIS ROLLING
3. HIP ACTIVATION EXERCISES
4. FUNCTIONAL SPORTS CORD EXERCISES
5. DYNAMIC STRENGTH TRAINING
6. AGILITY TRAINING
7. ADVANCED PROPRIOCEPTION EXERCISES
8. SPORT SPECIFIC TRAINING

CRITERIA TO RETURN TO SPORTS:

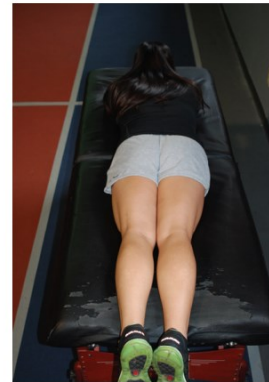
1. COMPLETION OF THE FUNCTIONAL HIP SPORTS TEST WITH PASSING SCORE
2. PAIN FREE RETURN TO PRACTICE ENVIRONMENT
3. FORMAL CLEARANCE BY SURGEON

Phase I:

A. Prone Glut Set

Tighten buttock while pushing pelvis toward table

A.



B. Prone Quad Set

- *Place foam roll under ankle tighten quad and extend the knee*

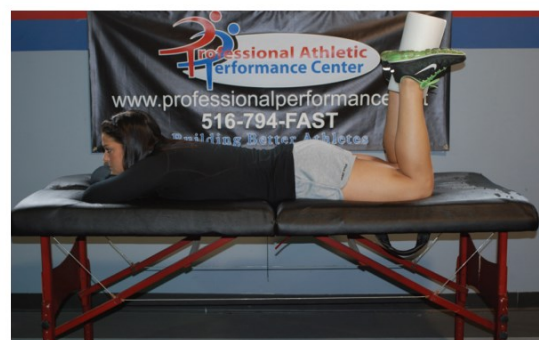
B.



C. Prone ER Isometric

- *Bend knees to 90 degrees, place foam between feet and squeeze*

C.



Phase I:

D. Adduction Isometric

- *Place foam between knees and squeeze to activate adductors*

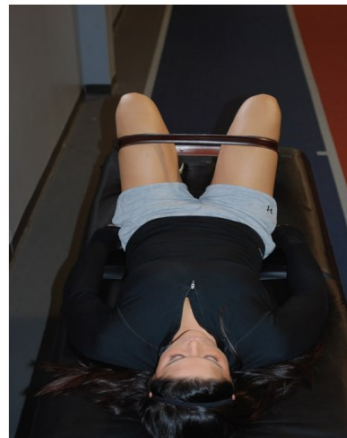
D.



E. Abduction Isometric

- *Place belt around thighs and push out to activate abductors*

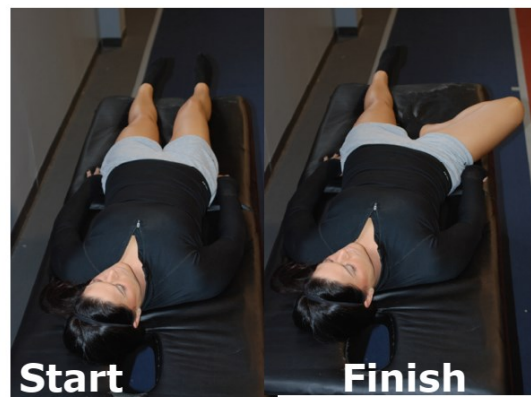
E.



F. Faber Slide

- *In supine slide foot up into flexion while leg falls out into abduction and ER*

F.



Phase I:

G. Pelvic Tilt

Flatten back by tightening abdominal muscles and buttocks

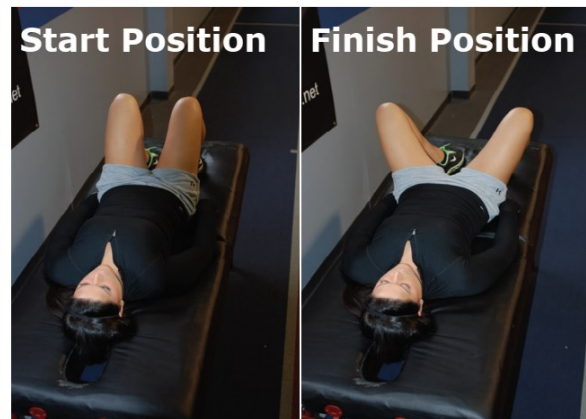
G.



H. Fallout

- *In hooklying, let the legs fall out into abduction*

H.



I. Reverse Fallout (IR)

- *In hooklying separate feet wider than shoulders and touch knees together*

I.



Phase I:

J. Bridge

- ***Start in hook lying position raise buttock toward the ceiling squeezing gluts at the top of range***

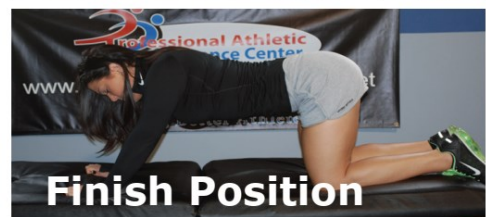
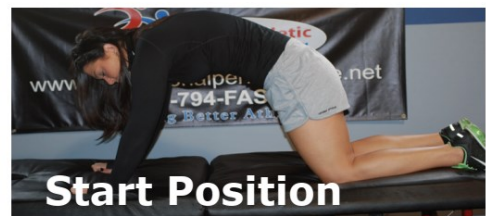
J.



K. Cat/ Camel

- ***In quadruped initiate AROM L/S flexion and extension***

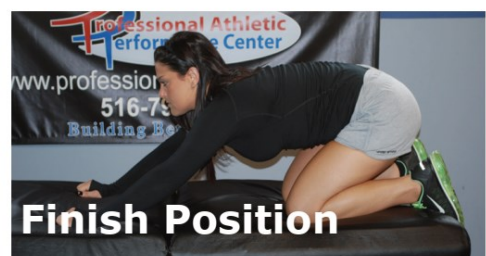
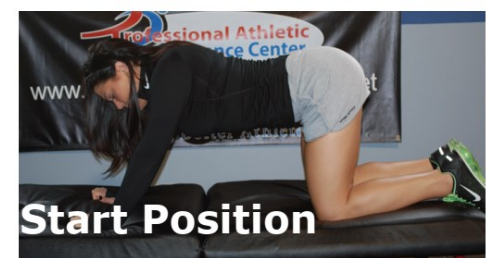
K.



L. Quadruped Rock

- ***Starting in quadruped sit back toward heels and then rock forward into prone press up position***

L.

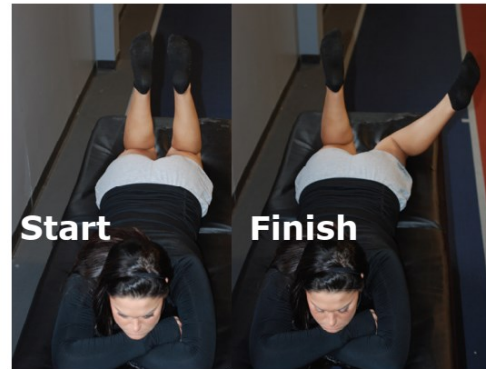


Phase I:

M. Prone IR AROM

- *Lying prone bend knees to 90 and let leg fall out to side achieving IR*

M.



N. Prone Hip Extension

- *Lying on table with legs extended off the edge, glut squeeze and lift leg to table height*

N.



O. Stool Rotation

- **Place knee of involved leg on stool, rotate foot away from the body without moving trunk (IR)**

O.



P. Standing Abduction with IR

- *In standing position rotate toes in and abduct leg*

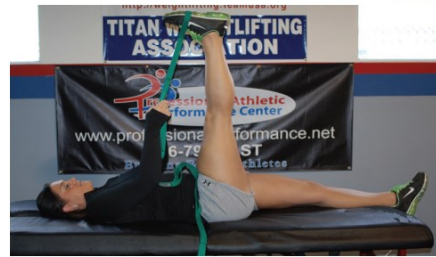
P.



Stretching Program:

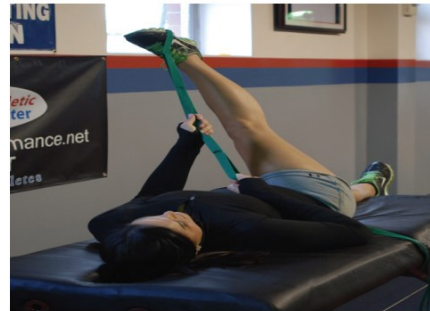
A. Supine Hamstring

A.



B. Supine ITB

B.



C. Prone Quad

C.



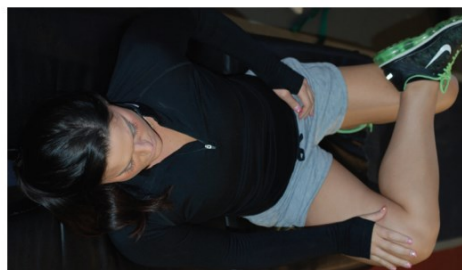
D. Supine Modified Hip Flexor

D.



E. F.A.B.E.R. Stretch

E.



Stretching Program:

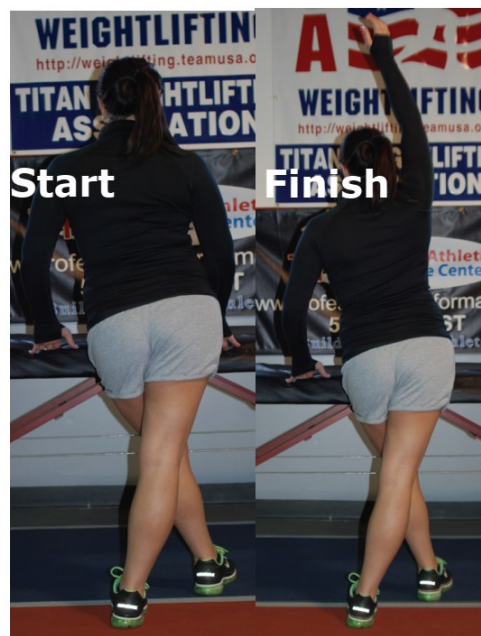
F. *Fencer* Hip Flexor Stretch

F.



G. Standing TFL

G.

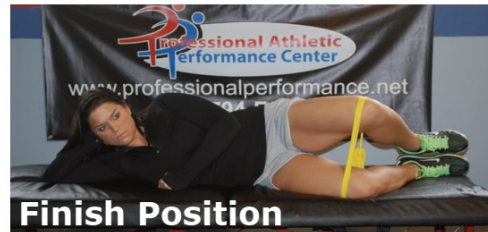


Phase II:

A. S/L Clam

- ***In side lying position knees bent to 90 with hip flexed to 45 degrees open slowly open legs up***
- ***Open and open leg***

A.



B. Physiobridge Series (Toes/Heels/Bent knees)

- ***3 separate positions lift hips toward ceiling***

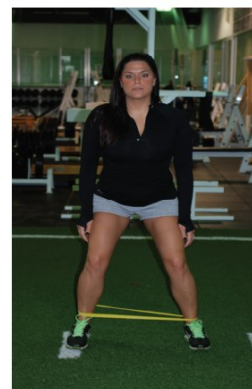
B.



C. Band walk

- ***With band around ankle feet shoulder width apart step out to side keeping constant tension***

C.



Phase II:

D. Step Down

-

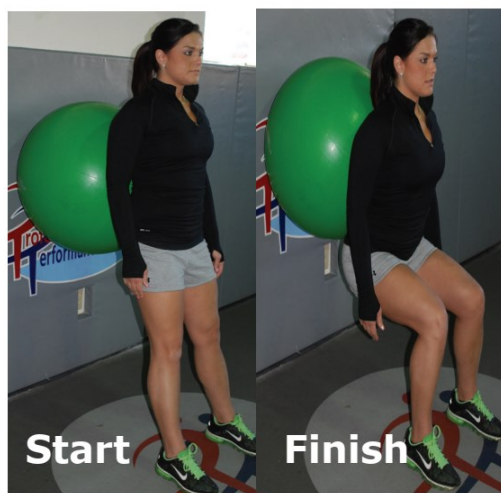
D.



E. Ball Squat

- ***Ball behind the small of back squat to 70 degrees knee flexion***

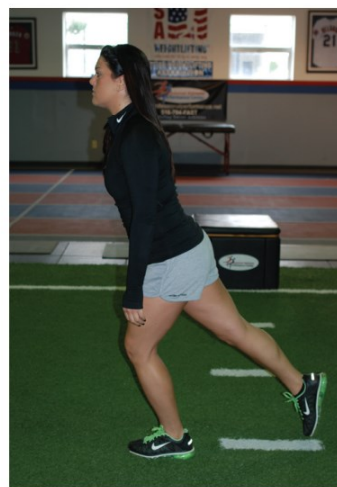
E.



F. Lunge Hold SLS

- ***Standing in lunge position involved knee bent to 30 degrees lift back foot off the floor***

F.



Phase III:

A. Pitchers Squat

- *With involved leg in the front start with knee bent at 30 degrees and squat to 70 degrees*

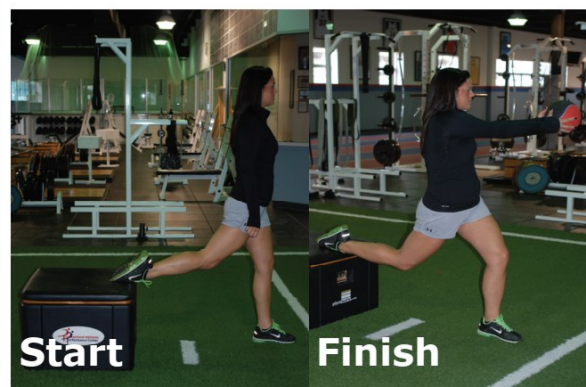
A.



B. Pitchers Squat Rotation

- *Same as above adding in trunk rotation while holding plyoball*

B.



C. Unilateral RDL

- *Standing on the involved leg with knee slightly flexed hinge at the hip lowering the ball to floor*

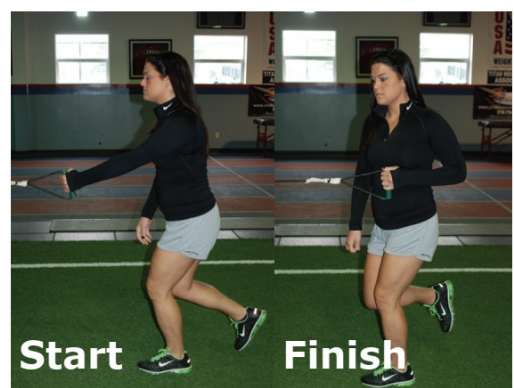
C.



D. Single Leg Cord Rotation

- *Standing on the involved leg knee flexed to 30 while holding theraband rotate hip while pulling back on band*

D.



Abdominal Progression:

A. PPT with Unilateral March

A.



B. PPT with Extension

B.



C. PPT with Bilateral March

C.



D. Side Plank

D.



E. Front Plank

E.



PT protocol courtesy Dr. Brain Neri