DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL

Version 2025.2

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL

PHASE 1A (Protection): *0-2 WEEKS*

Goals

- ✓ Protection of hip to prevent infection/damage
- ✓ Education (posture, restrictions, ADL's)
- ✓ Full weight bearing (unless CarGel or Microfracturing – see 2nd page of protocol for specific weight bearing for these procedures)
- ✓ Regain ROM within guidelines, isometric glute contraction, and ideal walking pattern

Restrictions

- x Use of brace and crutches at all times
- x 90 °restriction for flexion, rotation only in prone
- x No driving
- x Incisions cannot get wet
- x No twisting or pivoting

0-2 Week Checklist

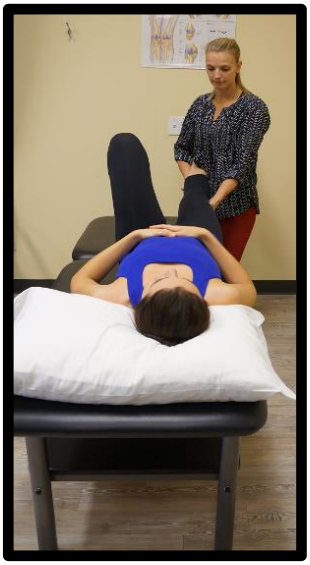
- ☐ Daily circumduction at home (10 min 4x/day)
- ☐ Upright bike
- ☐ Prone lying
- ☐ Transverse abs
- ☐ Glute activation
- ☐ Hip flexor stretch
- ☐ Ankle pumping

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL

PHASE 1A (Protection): *0-2 WEEKS*

MANUAL THERAPY (3-4 X/WEEK)

CIRUMDUCTION/PENDULUM ROTATION (see picture)
(continue until full pain free ROM is restored)



- 10 min @ 30° of flexion (5 min CW/5 min CCW)
- 10 min @ 70-90° flexion (5 min CW/5 min CCW)

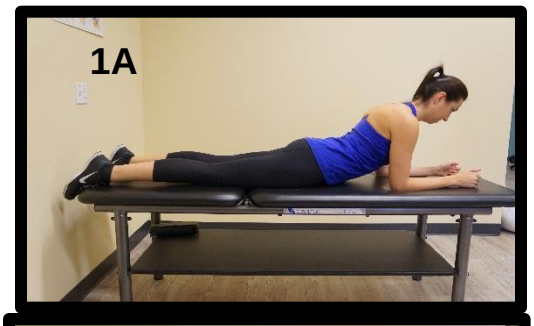
PROM RESTRICTIONS *

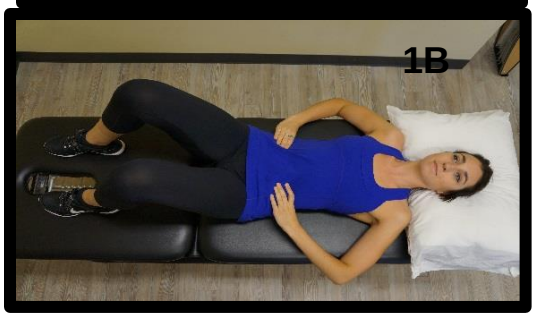
- Flexion 90°
- Side lying extension 15°
- Abduction 30°
- Internal rotation (20° @ 90° flexion, no prone restriction)
- External rotation (20° @ 90° flexion and prone)

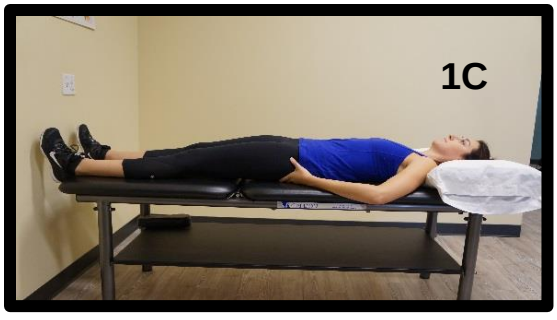
*All AROM and PROM should be in pain free ranges and without complaints of pinching

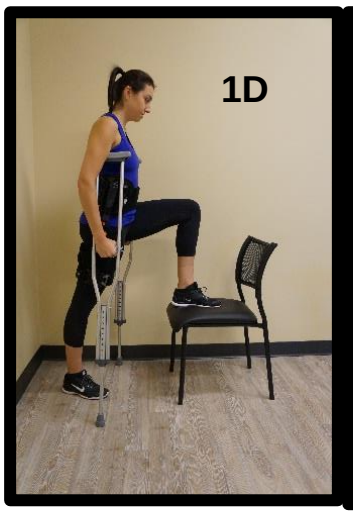
ACTIVE EXERCISE PROGRAM (DAILY)

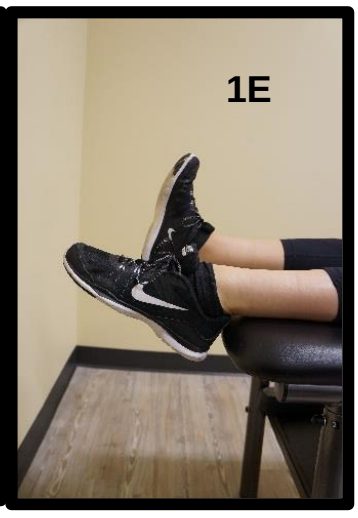
- ☐ Upright Bike 10 mins 2x/day – High Seat, NO pinch
- ☐ Prone Lying 20 minutes twice/day **(A)**
- ☐ Transverse Abdominus with pelvic tilt **(B)**
- ☐ Gluteus activation (10 reps, 3 sets, 2x/daily) **(C)**
- ☐ Hip Flexor stretch (30-45 sec, 2-3 reps, 2x/day) **(D)**
- ☐ Ankle pumping (Several times daily) **(E)**
- ☐ Assisted circumduction (pictured above)
- ☐ Functional Retraining – proper gait patterns with crutches (equal stride length, no hip flexor dominance)
- ☐ AROM in pain free ranges











PAIN AND INFLAMMATORY CONTROL

- Ankle pumping and leg elevation
- Ice or cryotherapy
- Anti-inflammatory modalities as required (IFC or TENS only)
- Compression socks – 6-week duration **(removed at night)**
- Proper resting position – neutral hip rotation

Please take note of potential procedures that may have been completed on your patient and will alter their rehab. A check mark in the box will indicate the patient has received this procedure.

□ Patient has had micro-fracturing of their femoral head during surgery. This procedure involves small holes drilled into the bone marrow allowing cells to enter the joint and generate a form fibrocartilage.

Restrictions/indications:

- 20% WB for 6 weeks – continue to optimize gait pattern with crutches
- **Pool therapy** when staples have been removed (**approx. 2 weeks**) and incisions have healed over - full weight bearing with water at shoulder level.
- Please consult Physiotherapist on exercise modifications

□ Patient has had BST-CarGel on their acetabular cartilage weight bearing dome. BST-CarGel acts as a structured frame and encourages the repair cells located inside the bone below the cartilage to travel into the damaged area and become new cartilage cells.

Restrictions/indications:

- 20% WB for 7 weeks – continue to optimize gait pattern with crutches
- At 8th week post-op can progress to 50% WB
- At 9th week post-op can progress to 75% WB
- At 10th week post-op can progress to 100% WB
- **Pool therapy** when staples have been removed (**approx. 2 weeks**) and incisions have healed over - full weight bearing with water at shoulder level.
- Please consult Physiotherapist on exercise modifications

□ Patient has had Abductor Muscle Repair

Restrictions/indications:

- 20% WB for 6 weeks, continue to optimize gait pattern with crutches
- No active hip abduction for 6 weeks
- **Pool therapy** when staples have been removed (**approx. 2 weeks**) and incisions have healed over - full weight bearing with water at shoulder level.
- Please consult Physiotherapist on exercise modifications

With all the above procedures please follow the FAI with/without labral repair protocol modifying only for restrictions listed above

Phase 1A Exercise Descriptions

1A Prone Lying – 20 minutes 2x/day

Laying on stomach, if able, prop up on elbows and relax in that position. DO NOT DO PRESS UP/PUSH UP.

1B Transverse Adominus with pelvic tilt – 10 reps, 3-5 second hold, 3 sets, 2x/day

Gently tighten your abdominal muscles, like you are drawing your mid-section to your belly button. Add anterior and posterior pelvic tilt following contraction – by arching and flattening your back through the movement of your pelvis.

1C Gluteus Activation – 10 reps, 3-5 second hold, 3 sets, 2x/day

Contract your buttocks muscles by drawing them together. Do not dominate movement with hamstring and do not feel any contraction in the front of your hip.

1D Hip Flexor Stretch – 2-3 reps, 30-45 sec hold, 3-4x/day

Holding on to your crutches, place your NON SURGICAL leg on a stable chair lean forward to feel a stretch in your SURGICAL leg. DO NOT LIFT SURGICAL LEG TO CHAIR

1E Ankle Pumping – Several times daily

Pump ankles up and down repeatedly

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL

PHASE 1B (PROTECTION/ACTIVATION): 2-4 WEEKS

Goals

- ✓ Restore ROM of full flexion, abduction, extension.
- ✓ Rotation and ROM within guidelines
- ✓ No pain/pinching with PROM
- ✓ Regain pelvic control and isometric strength of the hip and pelvis

Restrictions

- x External Rotation – restricted to 20° in prone *
- x No driving
- x Brace/Crutches as directed
- x No active release techniques

***** no restrictions on internal or external rotation in supine

2-4 Week Checklist

- ☐ Remove 90-degree stop on brace
- ☐ Pool therapy
- ☐ Massage therapy at 3wks

Exercise Checklist

- ☐ Glute progressions
- ☐ Daily circumduction (4x/day)
- ☐ Hip isometrics
- ☐ Double leg bridge
- ☐ Single leg balance
- ☐ Quadriceps isometrics
- ☐ Short arcs

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL

PHASE 1B (Protection/Activation): *2-4 WEEKS*

MANUAL THERAPY (3-4X/WEEK)

CIRUMDUCTION/PENDULUM ROTATION (see picture)

(continue until full pain free ROM is restored)

- 10 min @ 30° of flexion (5 min CW/5 min CCW)
- 10 min @ 90° flexion (5 min CW/5 min CCW)

SOFT TISSUE TECHNIQUES (as needed)

- Iliopsoas, ITB, TFL, Adductors, Gluteus Medius

PHYSIOTHERAPIST ASSISTED STRETCHING

- Prone quadriceps

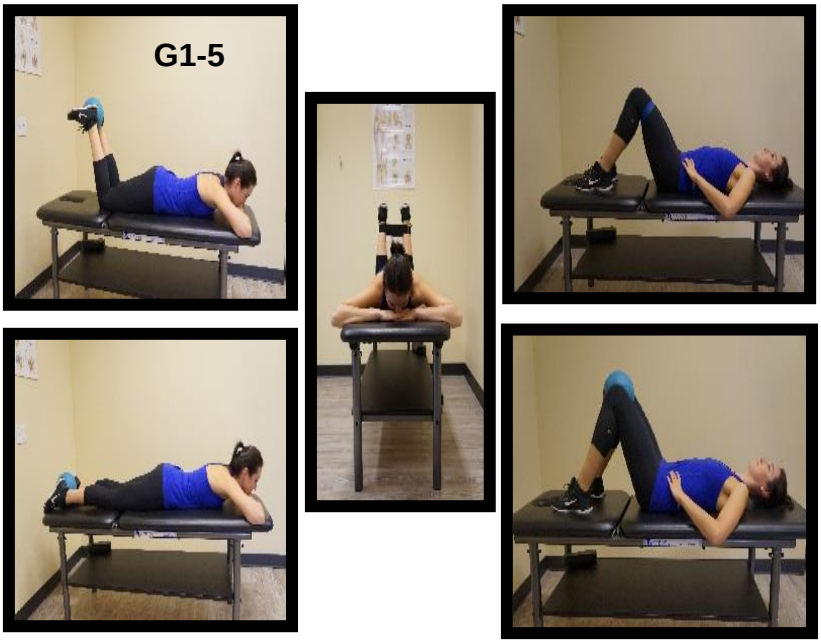
RESTORE **ALL** PROM RANGES*, ONLY RESTRICTIONS:

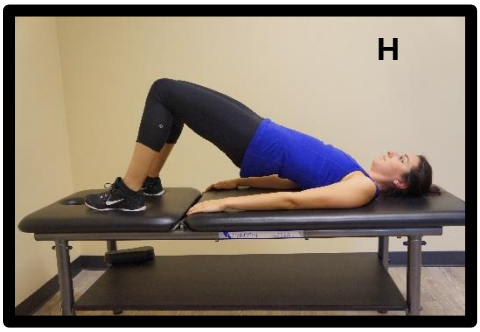
- External rotation (20° in prone)

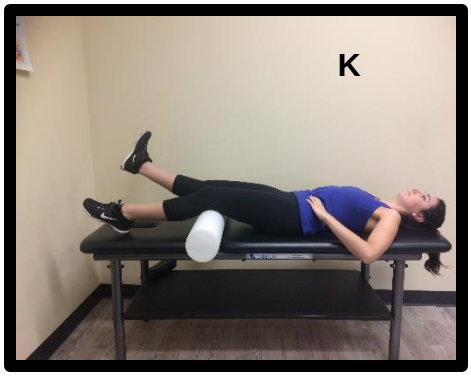
*All PROM should be in pain free ranges without complaints of pinching

ACTIVE EXERCISE PROGRAM (DAILY)

- ☐ All exercises from Phase 1A
- ☐ Gluteal Progressions **(F1-3)**
- ☐ Hip Isometrics **(G1-5) (week 3 if no pain)**
- ☐ Double Leg Bridges **(H)**
- ☐ Weight Shift progress to single leg balance**(I1-2)**
- ☐ Quadriceps isometrics **(J)**
- ☐ short arcs **(k)**







AQUATIC THERAPY

Begin when staples have been removed and no open wounds (approximately 2-3 weeks)

Book aquatic physiotherapy session in Halifax Regional Municipality by calling (902) 835-2932

CRITERIA TO PROGRESS TO PHASE 1C

- ☐ Greater than 100° flexion without pain/pinching
- ☐ No Trendelenburg
- ☐ Completion and independent with all phase 1A/B exercises and progressions
- ☐ Ambulating with proper patterns – no compensatory patterns, pains, etc.
- ☐ No resting pain or inflammation

Phase 1B Exercise Descriptions

1F Gluteal Progressions -10 reps, 3-5 second hold, 3 sets, 2x/day

F1: In ½ kneeling with surgical knee on table squeeze buttocks muscle
F2: in full kneeling squeeze buttocks muscle
F3 In standing squeeze buttocks muscle

- *IF patient is having difficulty contracting glutes add NMES for these exercises*

1G Hip Isometrics -10 reps, 3-5 second hold, 3 sets, 2x/day (3 weeks if no pain)
G1: Laying on your stomach, place ball between feet, bend knees and gently push legs into ball feeling a small contraction in the glute
G2: Laying on your stomach, place ball between feet (or knees) and gently push into ball
G3: Laying on your stomach, place belt (NOT RESITANCE BAND) around ankles and gently push out
G4: Laying on your back, place belt (NOT RESISTANCE BAND) above knees and gently pushout
G5: Laying on your back, place ball between knees and gently push in

1H Double leg bridges- 10 reps, 3-5 second hold, 3 sets, 2x/day
Laying on your back with knees bent and arms by your side. While maintain a core contraction, squeeze your glutes gently and push your torso up by pushing your weight through your heels.

1I Weight Shifting - 10 reps 5-10 second hold, 3 sets, 2x/day
Standing with crutches slide your weight to your surgical side hold and return. Progress to standing on one leg (if no Trendelenburg is present).

1J Isometric Quadriceps -10 reps, 3-5 second hold, 3 sets, 2x/day
Laying on your back, squeeze the muscle on top of your leg, hold and relax

1K Short Arc Quads 10 reps, 3-5 second hold, 3 sets, 2x/day
Laying on your back, place a roll under your knee, squeeze the muscle on top of your leg and lift heel off of ground, hold and relax

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL

PHASE 1C (Mobility) *4-6 WEEKS*

Goals

- ✓ Full ROM pain free/No Pinch
- ✓ Regain PROM multi-directional movements
- ✓ Regain correct pelvic/spinal alignment
- ✓ Improve neuromuscular control, stability & endurance

Restrictions

- x Continue with brace/crutches as prescribed
- x No jumping, twisting, running
- x Avoid aggressive traction/manipulation on the joint

4-6 Week Exercise Checklist

- ☐ ITB Stretch
- ☐ Kneeling Hip Flexor Stretch
- ☐ Prone Hip Extension
- ☐ Side-lying Hip Abduction
- ☐ Hip Hikes
- ☐ Leg Press
- ☐ 4pt Rock back
- ☐ Neutral clamshell
- ☐ 2-4 weeks' exercises as needed

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL

PHASE 1C (Mobility): *4-6 WEEKS*

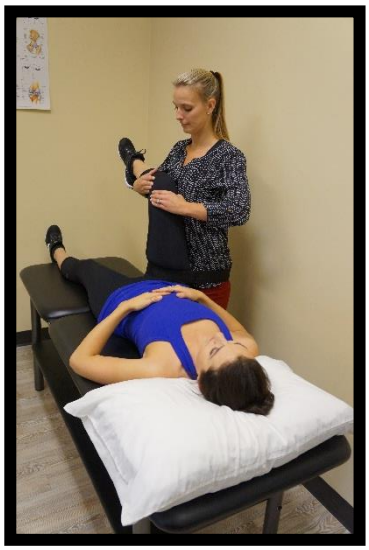
MANUAL THERAPY (2-3X/WEEK)

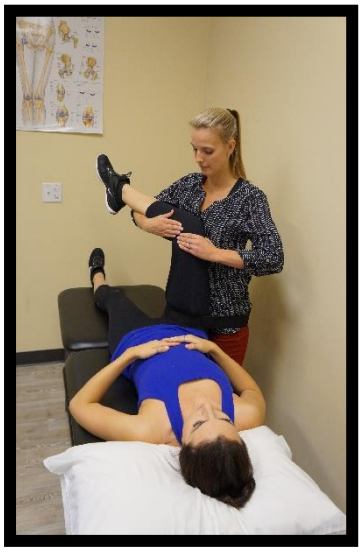
Multi-directional movements

- PT assisted FABER slides
- Thomas Stretching
- Manual Joint (hip/sacrum/spinal) Mobilizations (as needed week 5)

All manual therapy – avoid aggressive traction/no significant pain

PT assisted FAbER slides





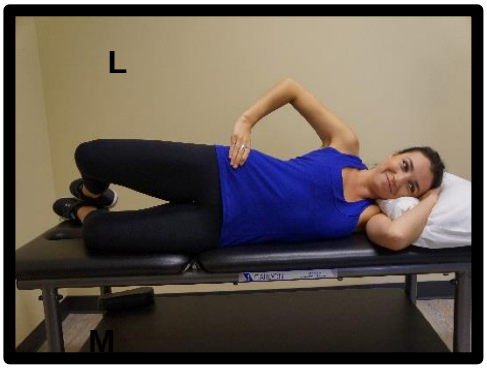
PT manual mobs (with belt) as needed (week 5)

PT Thomas Stretching

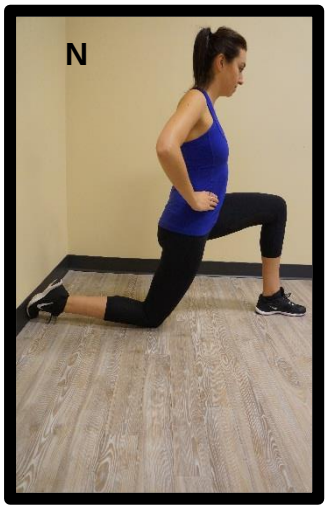
ACTIVE EXERCISE PROGRAM (DAILY)

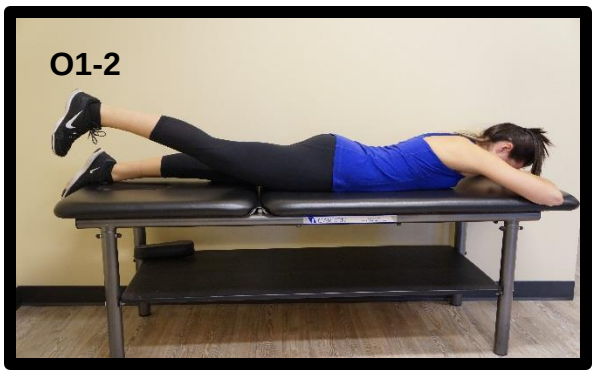
Progress from IB to the following exercises when appropriate

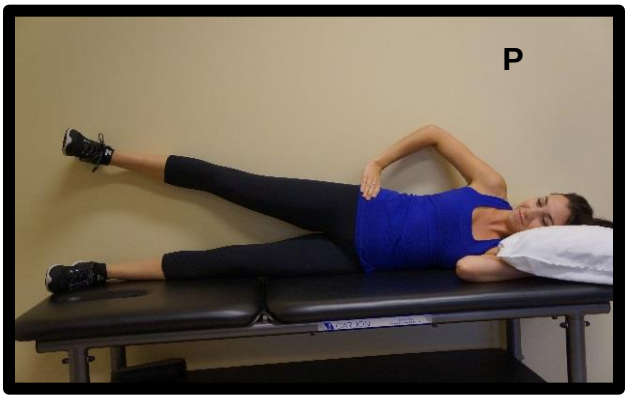
- ☐ Upright bike 20 mins minimum resistance
- ☐ IT band stretching **(M)**
- ☐ Kneeling Hip flexor stretch **(N)**
- ☐ Prone hip extension **(O1-2)**
- ☐ Neutral flexion clamshells (**if no pain**) **(L)**

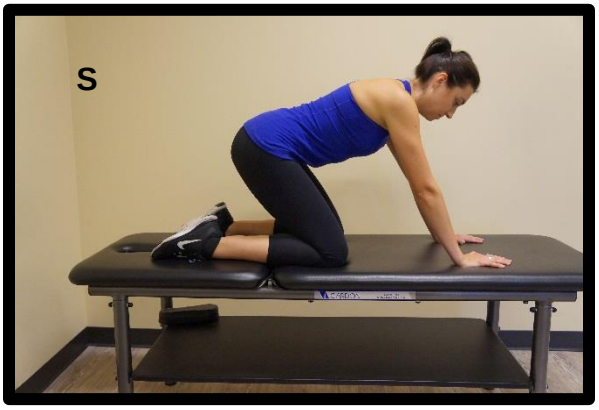


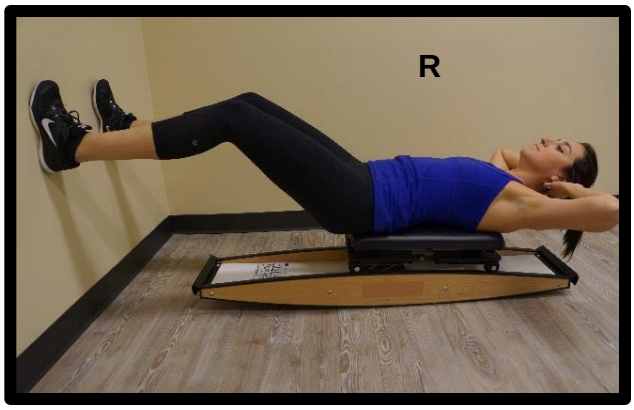
- ☐ Side-lying hip abduction **(P)**
- ☐ Hip Hikes **(Q)**
- ☐ Leg press (12 reps, 3 sets, 2x/day **(R)**
- ☐ 4pt rockback +/- rotation **(S)**











AQUATIC THERAPY

Continue to progress through aquatic therapy – book appointment to be shown new exercises

Phase 1C Exercise Descriptions

1L Neutral Flexion Clamshells 10 reps, 3-5 second hold, 3 sets, 2x/day (week 3 if no pain)
Lay on your side with your knees in line with your hip, gently squeeze glutes and lift your top knee off of your bottom. Contraction/tightening should be felt over the top of you buttocks – not in the front of your hip

1M IT Band Stretching – 30-45 second hold, 3 reps, 2x/day
Place surgical leg behind opposite leg, raise surgical side arm above head leaning away to feel a stretch on the side of your surgical leg

1N Kneeling hip flexor stretching – 30-45 second hold, 3 reps, 2x/day
½ kneel on mat/floor with your surgical knee on ground. Keeping shoulders and pelvis aligned gently lean forward to feel a stretch in the front of your surgical leg

1O1-2 Prone hip extension – 10 reps 3-5 second hold, 3 sets, 2x/day
1O-1 Laying on stomach, bend surgical knee. Keeping core tight, squeeze buttocks gently while lifting leg off of table. Keep pelvis stable during the movement.
1O-2 Laying on stomach, keeping core tight - lift knee off of table and relax. Keep pelvis stable during the movement

1P Side lying hip abduction 10 reps 3-5 second hold, 3 sets, 2x/day
Laying on your non surgical side (best to do against a wall), push bottom hip against the wall, press heel gently into wall with your surgical leg then slide your leg up the wall. Focus on squeezing the upper part of your buttocks – not the front of the hip.

1Q Hip Hikes – 10 reps 3-5 second hold, 3 sets, 2x/day
Stand on step with surgical leg off of step. Keep both knees straight. Let your surgical leg fall toward the floor (just slightly), using your glute muscles pull your surgical leg up.

1R Four point rock backs – 10 reps 3-5 second hold, 3 sets, 2x/day
Kneeling on all fours, keeping spine in proper alignment slowly rock your buttocks towards your heels (do not round spine). Repeat with hip rotated inwards and again with hip rotated outwards.

1S Leg Press – 10 reps 3-5 second hold, 3 sets, 2x/day (very light – minimal weight)
Either in a leg press machine or laying on a pro fitter, place feet on platform/wall in line with your knees. Squeeze your buttocks to push yourself away from the platform/wall.

CRITERIA TO PROGRESS TO PHASE 2

- ☐ Full pain free PROM flexion without pain/pinching
- ☐ Greater than 115° AROM flexion without pain/pinching
- ☐ Completion and independent with all phase 2 exercises and progressions
- ☐ Ambulating with proper patterns without crutches – no compensatory patterns, pains, etc.
- ☐ Follow up with Dr. Wong completed at 6 weeks
  Date:_____

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL

PHASE 2A (Neuromuscular Retraining): *6-8 WEEKS*

Goals

- ✓ Regain strength (functional & motor control)
- ✓ Improve cardiovascular endurance
- ✓ Optimize balance/proprioception

Restrictions

- x No running, jumping, twisting,

6-8 Week Exercise Checklist

- ☐ Elliptical 20-30 minutes
- ☐ FABER Slides
- ☐ Wall Squats
- ☐ Eccentric Hip Flexor
- ☐ Standing Rotation
- ☐ Step & hold
- ☐ Side Step +/- Band
- ☐ Appropriate exercises from Phase 1

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL
PHASE 2A (Neuromuscular Retraining): *6-8 WEEKS*

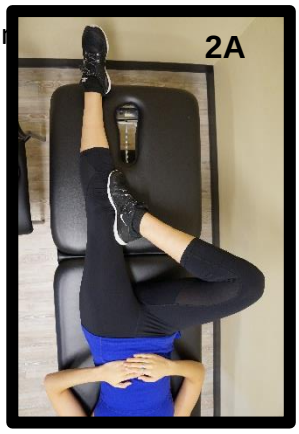
MANUAL THERAPY (1-3x/week)

PROM AND PHYSIOTHERAPIST STRETCHING (as needed)

SOFT TISSUE TECHNIQUES (as needed)

ACTIVE EXERCISE PROGRAM (DAILY)

- ✓ Cardiovascular – Upright bike and/or elliptical with r resistance 30-60 minutes
- ✓ FABER slides (unassisted if NO pinch) (2A)
- ✓ Wall Squats (2B)
- ✓ Eccentric hip flexor (2C)
- ✓ Standing Rotation (2D)
- ✓ Step and Hold (2E)
- ✓ Side step +/- band (2F)
- ✓ Continue appropriate exercises from Phase 1c



Phase 2A Exercise Descriptions

2A FABER slides 10 reps 2-3 sec hold, 3 sets 2x/day
Place surgical heel on the heel of your opposite heel (with knee bent), with knee as close to floor/mat as possible keep core contracted while you slide your heel towards your groin. Do not allow your hip to rotate. NO PINCH

2B Wall Squat 10 reps 2-3 sec hold, 3 sets 2x/day
With your back against the wall, have feet placed in front of you. Slide down the wall (make sure your knees do not go over your toes), push through heels to slide yourself back to starting position

2C Eccentric Hip flexion 10 reps 2-3 sec hold, 3 sets 2x/day
Wrap resistance band around top of hip and secure to pole in front of you. Sit on ball (have therapist spot you during this movement), keeping core tight, slowly lower yourself down. With assistance from physiotherapist return to starting position.

2D Standing rotations 10 reps 2-3 sec hold, 3 sets 2x/day
Holding a light weight, keep your core tight. Rotate weight away from surgical leg. Be sure not to allow hip to move

2E Step and Hold 10 reps 2-3 sec hold, 3 sets 2x/day
Standing in position, take a step forward hold and return.

2F Side step +/- band 10 reps 3 sets 2x/day
With or without band wrapped above knee, have knees slightly bent, take a small step to the side – repeat in opposite direction

AQUATIC THERAPY

Continue to progress through aquatic therapy – book appointment to be shown new exercises

Book aquatic physiotherapy session in Halifax Regional Municipality by calling (902) 835-2932

CRITERIA TO PROGRESS TO PHASE 2B

- ☐ Full pain free ROM (all directions) of hip
- ☐ Completion and independent with all phase 3 exercises and progressions with no pain
- ☐ Ambulating device free without pain or limp
- ☐ Able to do normal activities of daily living with minimal pain

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL
PHASE 2B (Functional Strengthening): *8-12 WEEKS*

Goals

- ✓ Regain strength (functional & uni-pedal)
- ✓ Improve cardiovascular endurance
- ✓ Optimize balance/proprioception

Restrictions

- x No running, jumping, twisting

8-12 Week Exercise Checklist

- ☐ Upright bike/Elliptical moderate resistance 30-60 minutes
- ☐ Uni-pedal leg press
- ☐ Straight leg raise
- ☐ Bridge Progressions
- ☐ Golfers lift
- ☐ Free squat
- ☐ Static lunge
- ☐ Iliopsoas/TFL/rotator stretch progressions
- ☐ Single leg stance progressions
- ☐ Appropriate exercises from phase 2A

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL

PHASE 2B (Functional Strengthening): *8-12 WEEKS*

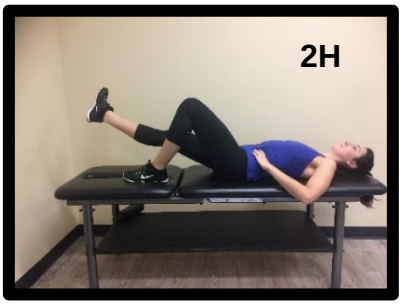
MANUAL THERAPY (as needed)

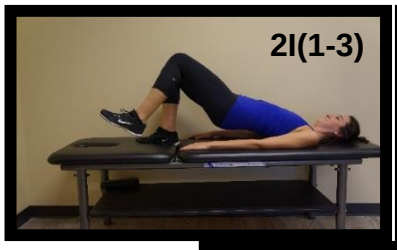
PROM AND PHYSIOTHERAPIST STRETCHING (as needed)

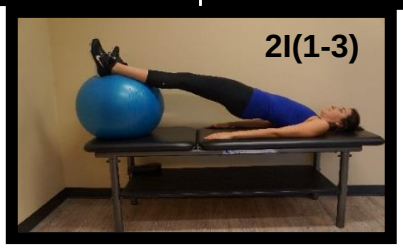
SOFT TISSUE TECHNIQUES (as needed)

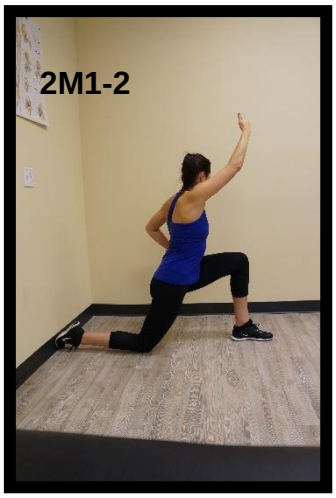
ACTIVE EXERCISE PROGRAM (3-5x/week)

- ✓ Cardiovascular – Upright bike and/or elliptical with moderate resistance 30-60 minutes
- ✓ Uni-pedal leg press (2G)
- ✓ Straight Leg raise (2H)
- ✓ Bridge progressions (2I1-3)
- ✓ Golfers lift (2J)
- ✓ Free Squat (2K)
- ✓ Static lunge (2L)
- ✓ Iliopsoas/TFL/rotator stretch progressions (2M 1-2)
- ✓ Single leg stance progressions (2N1-2)









Phase 2b Exercise Descriptions

2G Unipedal leg press – 10 reps 2-3 sec hold, 3 sets, 2x/day
Continue with leg press set up in phase 2. Perform with only your surgical leg (be sure to drop weight down before attempting)

2H Straight Leg Raise - 10 reps 2-3 sec hold, 3 sets, 2x/day
Laying on your back with knees bent, straighten your surgical leg. Rotate foot out just slightly. Keeping core contracted lift leg off of table slightly.

2I1-3 Bridge Progressions - 10 reps 2-3 sec hold, 3 sets, 2x/day
2I-1 – Set up same as bridge from previous phase. After you lift your torso, keep core activated and lift surgical leg off of table. Relax. Repeat with opposite leg
2I-2 – Set up same as bridge from previous phase. After you lift your torso, keep core activated and lift surgical leg off of mat/floor and straight out in front of you. Relax. Repeat with opposite leg
2I-3 – Using a ball under the feet repeat initial bridge form

2J Golfers Lift - 10 reps 2-3 sec hold, 3 sets, 2x/day
Stand with knee bent slightly, rock body forward while straightening your leg behind you. Keep pelvis stable and lumbar spine position maintained. Repeat on opposite leg.

2K Free Squat - 10 reps 2-3 sec hold, 3 sets, 2x/day
Standing with knees bent slightly. Lower yourself down into squatting position. Do not hinge or lose spinal position. Helps to envision as if you were going to sit on a chair behind you.

2L Static Lunge - 10 reps 2-3 sec hold, 3 sets, 2x/day
Place surgical leg in front of you, keep shoulders above hips, maintain core contraction, lower yourself toward floor. Do not allow your knee to go beyond your toes. Repeat with opposite leg in front.

2M 1-2 Iliopsoas/TFL/Rotator Stretch progressions 30-45 second hold, 3 reps, 2x/day
2M-1 – In the same set up previous hip flexor stretch, place your arm above your head and gently rotate away from surgical side.
2M-2 – In same set up as above, only your surgical foot is lifted and resting on wall/small step, etc.

2N1-2 Single Leg stance progressions 5-6 reps, 30 second holds, 2x/day
Progress single leg stance exercise by standing on pillow, bosu ball, etc.

AQUATIC THERAPY

Book appointment to be provided with new exercises.

Book aquatic physiotherapy session in Halifax Regional Municipality by calling (902)835-2932

CRITERIA TO PROGRESS TO PHASE 3

- ☐ Hip flexion strength 20 lbs of force (pain free)
- ☐ Completion and independent with all phase 4 exercises and progressions with no pain
- ☐ Able to do normal activities of daily living without pain
- ☐ Able to perform single leg stance, squat, and lunge without knee valgus position
- ☐ Follow up with Dr Wong completed at 12 weeks

Date:_____

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL

PHASE 3 (Advanced Strengthening): *3-4 months*

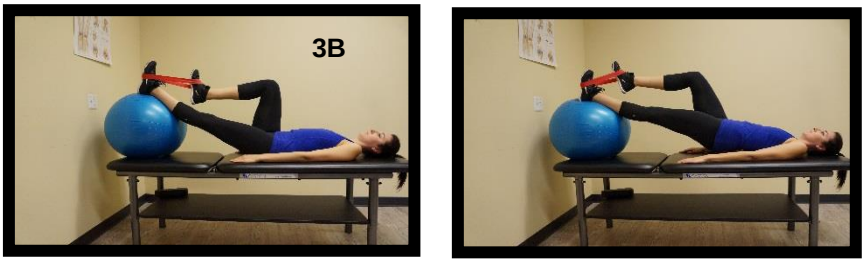
MANUAL THERAPY (as needed)

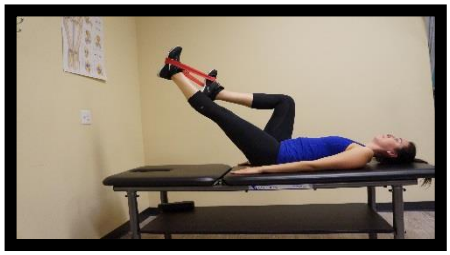
PROM AND PHYSIOTHERAPIST STRETCHING(asneeded)

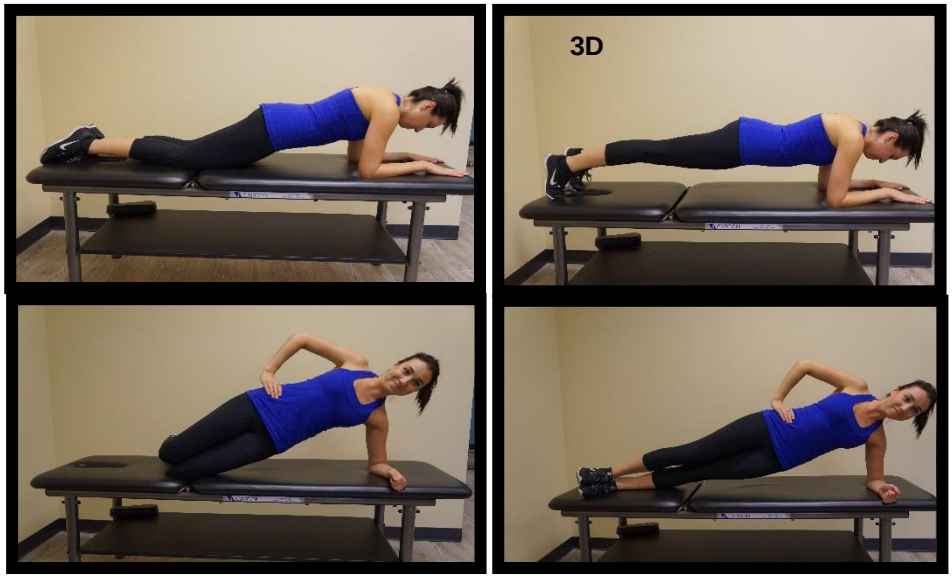
SOFT TISSUE TECHNIQUES (as needed)

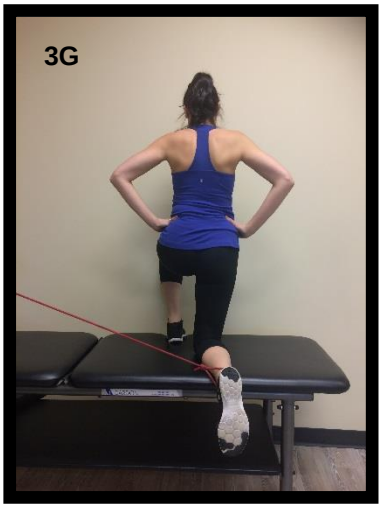
ACTIVE EXERCISE PROGRAM (3-5x/week)

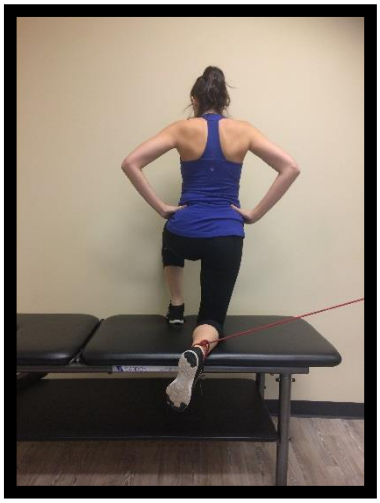
- ✓ Cardiovascular – treadmill 30-60 min
- ✓ Uni-pedal squat progress to clock squat (3A)
- ✓ Hip flexor progressions (3B)
- ✓ Resisted Rotations (3C)
- ✓ Plank Progressions (3D)
- ✓ Walking lunge (3E)
- ✓ Seated FABER stretch (3F)
- ✓ Kneeling Rotation with TheraBand (3G)
- ✓ Spider man stretch (3H)

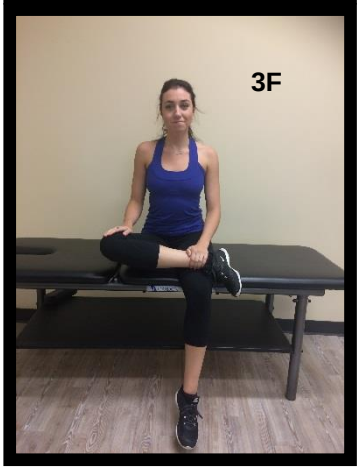












CRITERIA TO PROGRESS TO PHASE 4

- ☐ Hip flexion, abduction, and extension strength >30 lbs of force (pain free)
- ☐ Completion and independent with all phase 3 exercises and progressions with no pain
- ☐ Able to do normal activities of daily living without pain
- ☐ Able to perform single leg squat without knee valgus position

Phase 3 Exercise Descriptions

3A Unipedal Squat progress to clock squat – 10 reps 3 sets, 2x/day
Standing only on your surgical leg, lower down without allowing the hip to drop or knee collapse in. Make sure to flex at the hip without letting the knee pass in front of the toes. Keep majority of weight through your heels to force your glutes to work. Progress to changing position of opposite leg – in front, 45 degree angle, etc.

3B Hip flexor strengthening progressions – 10 reps 3 sets, 2x/day
Laying on your back, place ankles on a stability ball and wrap resistance band around both feet. Pull your surgical foot towards your chest (NO PINCH) return to starting position. Progress to do this in a bridge position, followed by removing the ball under the feet.

3C Resisted rotations 10 reps 3 sets, 2x/day
Standing with resistance band wrapped around your waist and weight in hands in front of you. Keeping pelvis stable rotate away from hip.

3D Plank progressions 30-1 min hold, 3 reps 2x/day
1 - Laying on your stomach, push up to stand on elbows and knees. Keep shoulders above elbows, spine in good alignment, core maintained, and do not allow the pelvis to dip. Progress to do this on elbows and feet.
2 – Laying on your side, push up on elbow and knees. Maintain alignment as above. Progress to do this on elbows and feet.

3E Walking lunge 10 reps, 3sets, 2x/day
Place surgical leg in front of you, keep shoulders above hips, maintain core contraction, lower yourself toward floor. Do not allow your knee to go beyond your toes. Return to starting position, take a large step with opposite leg and perform a lunge.

3F Seated FAbER Stretch 3 reps 30-45 sec hold, 2x/day
Sitting in good posture, place surgical foot on opposite knee (figure 4 position), maintaining a stable pelvis push gently down on surgical knee to feel a stretch.

3G Kneeling rotation with resistance band 10 reps 3 sets, 2x/day
Kneeling with resistance band attached to ankle and table leg (or something else that will be stable), Maintain good posture while you rotate the leg inwards. Repeat with rotating the leg outwards. Keep pelvis stable during all movements

3H Spiderman Stretch 3 Reps, 30-45 second hold 2x/day
Start in push-up position. Get into a straight leg lunge position by bringing surgical foot forward, placed outside of hand. Lift the hand to the ceiling and open the chest, stretching until the chest is parallel to the wall. Repeat with foot on opposite side of hand and rotate in opposite direction. No pinch! Repeat with surgical leg behind.

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL

PHASE 4 (Ballistic Strength/Sport Retraining): *4-6 MONTHS*

Goals

- ✓ Regain multidirectional strength/control
- ✓ Regain hopping, jumping, and begin to regain running mechanics
- ✓ Improve cardiovascular endurance
- ✓ Optimize balance/proprioception

Restrictions

- x **No return to sport until cleared by Dr Wong and rehab team (6-12 months post)**

4-6 Month Exercise Checklist

- ☐ Upright bike/Elliptical/Treadmill moderate resistance 30-60 minutes
- ☐ Phase 3 Exercises
- ☐ Rotation with lunge progressions
- ☐ 5 months – hopping progressions, plyometrics*
- ☐ Run walk program*

***If no knee valgus or significant anterior femoral head translation on landing**

DR I. WONG HIP ARTHROSCOPY REHAB PROTOCOL
PHASE 4 (Ballistic strength/Sport retraining): *4-6 months*

MANUAL THERAPY (as needed)

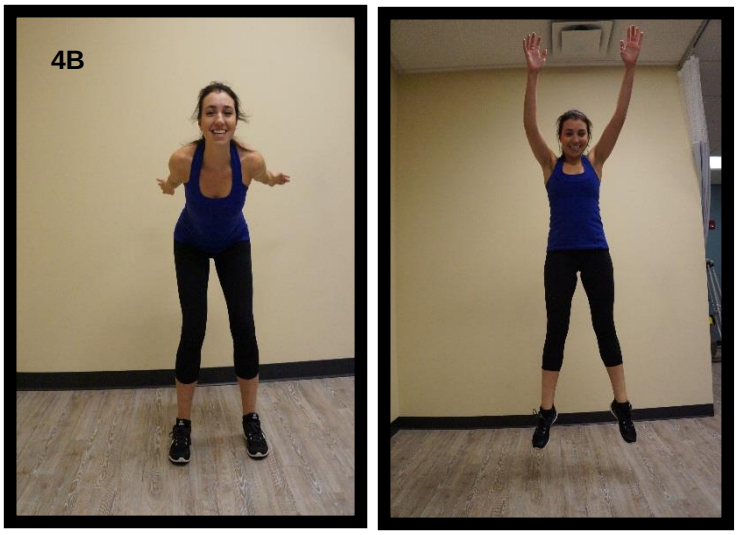
PROM AND PHYSIOTHERAPIST STRETCHING (as needed)

SOFT TISSUE TECHNIQUES (as needed)

ACTIVE EXERCISE PROGRAM (3-5x/week)

- ✓ Cardiovascular – treadmill 30-60 min
- ✓ Continue phase 3 exercises
- ✓ Rotation Progressions (resisted with lunge – resisted lunge with chop) (4A)
- ✓ At 5 months - hopping progressions, plyometrics, etc.* (4B)
- ✓ Begin run-walk program*

*If no knee valgus or significant anterior femoral head translation on landing



Phase 4 Exercise Descriptions

4A Rotation Lunge Progressions

1 – Holding a weight in front of you, place surgical leg in front of you, keep shoulders above hips, maintain core contraction, lower yourself toward floor. Rotate weight away towards surgical leg. Do not allow your knee to go beyond your toes. Return to starting position, take a large step with opposite leg and repeat by rotating in opposite direction.

2 - Perform exercise as above, instead of rotating perform a chopping action with the weight

3 – Continue with exercise above with back foot on a step/stair

4B Hopping Progressions, Plyometrics

1 – Double leg hop – maintain good pelvic posture, do not allow the knee to go in valgus position upon landing.

2 – Single leg hop – when appropriate progress from double leg to single leg hop

3 – Agility style drills – progress from above hopping to add in a lateral component (ie: ladder drill). Progress to dot drill, etc.

Run Walk Suggested Program (6 months – progressed through agility with no concerns, cleared by Dr Wong)

3x/week:
5 minute warm up walking
1 minute JOG
2 minute WALK
Repeat 7x

When able to complete above but no less than 1 week:
5 minute warm up walking
2 minute JOG
2 minute WALK
Repeat 7x

When able to complete above but no less than 1 week:
5 Minute warm up walking
3 minute JOG
1 minute WALK
Repeat 7 times

When able to complete above but no less than 1 week:
5 Minute warm up walking
4 minute JOG
1 minute WALK
Repeat 6 times

When able to complete above but no less than 1 week:
5 Minute warm up walking
3 minute JOG
30 second WALK
Repeat 6 times
**Continue to increase your jog time (max by 2 minutes) and decease your walk time. Do not progress time more than 1x/week.

CRITERIA TO PROGRESS TO PHASE 5

- ☐ Hip strength >40 lbs of force (pain free)
- ☐ Completion and independent with all phase 4 exercises and progressions with no pain
- ☐ Able to do normal activities of daily living without pain
- ☐ Able to perform 2-legged hop without compensatory movements (e.g. pelvic drop, knee valgus, excessive anterior weight shift, etc.)
- ☐ Follow up with Dr Wong completed at 6 months and outcome measure completed

Date: _____

Outcome measure score: _____

POST OP REASSESSMENT FORMS

To be completed by Dr Wong's Rehab Team

2 weeks, 6 weeks, 12 weeks, 6 months, 1 year, 2 years