

Hip Arthroscopy: IT Band Lengthening / Burssectomy Rehab Protocol

Post-Operative Period: 0 to 2 weeks

- 1 to 2 visits per week, 5 times a week home program
- Stationary bicycle, no resistance, keep seat high enough to avoid painful hip flexion, 20 minutes 5 times a week
- Gluteal sets, quad sets, heel slides, calf pumps
- Passive ROM of hip (Avoid external rotation, emphasize internal rotation)
- Isometric strengthening – transverse abdominus, hip adduction (no hip abduction)
- Uninvolved knee to chest
- Double and single leg balance with eyes open and eye closed
- Supine hip roll IR, standing hip IR (stool), quadruped rocking
- Cyrotherapy program, 3 to 5 times a day, 30 minutes each after exercises
- Continue crutches 20% weight-bearing on involved lower extremity

2 to 6 weeks

- 2 to 3 visits per week, 5 times a week home program
- Continue all exercises in previous phase (as described above)
- Add light resistance to stationary bike – lower seat as increased ROM allows
- Piriformis stretching
- Start weaning crutches beginning at ____ weeks. Begin by advancing weight-bearing to 50% for ½ week, then 75% for the remaining ½ week, then go to 100% while using crutches for ½ week. Emphasis should be full weight-bearing without crutches 2 weeks after beginning wean with NO LIMP. If needed, one crutch (in opposite arm) or a cane can be used to transition to a normal gait.
- Straight leg raises (supine, prone, lateral - affect side down only) - avoid hip abduction
- Side-lying clams and bent knee fall outs, short lever hip flexion (seated)
- Water/pool work may begin to include:
 - Walking
 - Jogging (chest high water)
 - Swim with pole buoy (avoid frog kick, flutter ok)
- Crutches should be weaned off by the end of this stage and gait should be normal

6 weeks to 3 months

- 2-3 visits per week, 5 times a week home program
- Continue all exercises in previous phase (as described above)
- Kneeling hip flexor stretch, manual long axis distraction, manual A/P mobs, double 1/3 knee bends, cord resisted double leg standing internal/external rotations
- Add to water/pool work swimming with fins, bounding/plyometrics
- Begin seated rowing, elliptical, and/or stair climber
- Begin exercises including mini-squats and wall slide mini-squats

- Toe raises with weights, step-ups (begin with 2 inches and progress to a full step)
- Trunk strength
 - Transverse abdominus
 - Side supports
 - Trunk and low back stabilization
- ROM should be normal by the end of this stage

3 to 4 months

- 2 to 3 visits per week, 3 to 5 times a week home program. May need physical therapy supervision for functional training.
- Continue all exercises in previous phase (as described above)
- Dynadisc, advanced bridging (swiss ball, single leg), side supports, cord resisted single leg standing internal/external rotation, skaters/side stepping (pilates or slideboard, single knee bends [lateral step downs], single leg windmills, lunges, side to side lateral agility, forward or backward running with a cord)
- Focus rehabilitation towards more closed-chain exercises including leg presses, step-ups, mini squats, and hamstring curls with light weights, high repetitions. Repetitions should be smooth and slow and NOT explosive. May begin jump rope exercises.
- Begin slow jogging on even ground (avoid treadmill and no cutting, jumping, or pivoting)

4 to 6 months

- 2 to 3 visits per week, 3 to 5 times a week home program. May need physical therapy supervision for functional training
- Continue all exercises in previous phase (as described as above)
- Begin advanced strengthening with weights including leg presses, squats, leg curls, and lunges
- Initiate plyometric program as appropriate for patient's functional goals
- May begin functional training exercises including fast straight running, backward running, cutting, cross-overs, carioca, etc
- Begin gradual return to previous sports/activities/work duties under controlled conditions
- Full return to sports/activities/full work duties are pending Dr. Gandhi's approval based upon the following criteria:

Criteria for Return to Sports/Full Activities:

- Normal muscle strength in the involved lower extremity
- Jog and full speed run without a limp
- Full range of motion
- Satisfactory clinical examination