



Sports & Orthopaedic Specialists

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HIP ARTHROSCOPY WITH CAPSULAR SHIFT PROTOCOL

This protocol provides appropriate guidelines for the rehabilitation of patients following **hip arthroscopy with capsular shift with or without femoroplasty and/or acetabuloplasty, & with or without labral repair**. The program may be modified by the referring provider for an individual patient. If questions arise regarding the application of the protocol or the progress of the patient, please contact Sports & Orthopaedic Specialists:

Main line: (952) 946-9777

Physical therapy: (952) 914-8631

PROTOCOL OVERVIEW

Immediate Rehab (0-2 weeks): Focus on restoration of motion 0-90 degrees & early muscle activation

Early Rehab (2-3 weeks): Focus on progression of motions, early/light strengthening

Intermediate Rehab (4-5 weeks): Focus on restoration of gait & advanced motion

Advanced Rehab (6-12 weeks): Focus on advanced strengthening

Sports Specific Rehab (>12 weeks): Focus on dynamic strengthening, return to sport progressions

PRECAUTIONS:

Weight Bearing: If labral repair: Foot flat touch down weight bearing
 If no labral repair: WBAT with bilateral axillary crutches

Weeks 0-6: Limit external rotation (ER) in extension to 0 degrees
 Limit external rotation (ER) in flexion to 30 degrees
 No extension of hip beyond neutral (0 degrees)

PT FREQUENCY & DURATION

- PT evaluation on postop day 1
- Weeks 0-6: PT once per week
- Weeks 7-16: PT twice per week

GENERAL GUIDELINES:

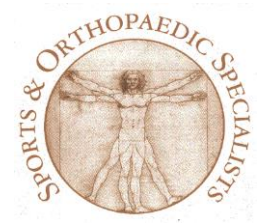
-Manage symptoms to avoid postoperative:

Hip flexor tendonitis Trochanteric bursitis Synovitis

-The therapeutic exercises listed in this protocol convey the appropriate load for the hip given the time elapsed since surgery in regards to tissue healing. This is not an all-inclusive list of therapeutic exercises.

CAPSULAR SHIFT PROTOCOL

WEEKS 0-2: PT EVALUATION ON POSTOP DAY 1.
CLINIC VISITS 1X/WEEK. HEP 2X/DAY.



-PRECAUTIONS

- Limit external rotation (ER) in extension to 0 degrees
- Limit external rotation (ER) in flexion to 30 degrees
- No extension of hip beyond neutral (0 degrees)

-WEIGHT BEARING AND GAIT TRAINING

- If labral repair: Foot flat touch down weight bearing (Equivalent to TTWB regarding weight bearing capacity, but foot flat to decrease the hip flexor load required by TTWB)
- If no labral repair: PWB with bilateral axillary crutches
- Step-to gait pattern to avoid hip extension beyond 0

-CRYOTHERAPY

- Patient will have Game Ready or other cryotherapy device.
- Use frequently (every 4-6 hours for the first 72 hours) then continues as needed.

-PROM

- CPM use for minimum of 2 weeks until consistently achieving 0-90 hip flexion.
 - Four hours per day (split into 1-2 hour segments)
 - Start at 30-70 degrees flexion and progress as tolerated.
- Hip PROM
 - Adhere to precautions for ER and extension.
 - Focus on flexion as tolerated.
 - IR as tolerated using supine log roll.

-THERAPEUTIC EXERCISE

- NO PRONE LYING**
- Hip isometrics: Abduction, adduction, extension, ER
- Quads sets, hamstring sets
- Transverse abdominis sets, pelvic tilts
- Heel slide, quadruped rock back

-PATIENT EDUCATION: Use pillows to support the hip in neutral for positioning at night

CAPSULAR SHIFT PROTOCOL



WEEKS 2-3: CLINIC VISITS 1X/WEEK. HEP 5-7X/WEEK.

-PRECAUTIONS

Limit external rotation (ER) in extension to 0 degrees

Limit external rotation (ER) in flexion to 30 degrees

No extension of hip beyond neutral (0 degrees)

-WEIGHT BEARING AND GAIT TRAINING

If labral repair: WBAT progressing from 2 crutches to one crutch.

If no labral repair: WBAT with bilateral axillary crutches

-Maintain step-to pattern to avoid hip extension beyond neutral

-CRYOTHERAPY: Continue to use Game Ready, other cryotherapy device, or ice daily.

-PROM:

-CPM use. Continue only if not yet to 0-90 hip flexion.

-PROM: Continue. Include ER 0-30 in hip flexion.

-SCAR MOBILIZATION: At portal sites

-BIKE: Progress from 10-20 minutes per day with no to light resistance. Maintain ~20 degrees knee flexion.

-THERAPEUTIC EXERCISE

-**NO** PRONE LYING

-Continue exercises from weeks 0-2

-Core strength progressions (avoiding hip flexor tendinitis)

-PROPRIOCEPTION: BEGIN AT WEEK 3

-Tandem stance

-Weight shifting drills

CAPSULAR SHIFT PROTOCOL



WEEKS 4-5: CLINIC VISITS 1X/WEEK. HEP 5-7X/WEEK.

-PRECAUTIONS

Limit external rotation (ER) in extension to 0 degrees

Limit external rotation (ER) in flexion to 30 degrees

No extension of hip beyond neutral (0 degrees)

-WEIGHT BEARING AND GAIT TRAINING

If labral repair: Progress to FWB with no crutches

If no labral repair: WBAT with single crutch and progressing to FWB with no crutches.

-Maintain shortened stride length until postop week 6.

-CRYOTHERAPY: Continue to use ice as needed.

-PROM: Continue with ongoing adherence to precautions.

-SOFT TISSUE MOBILIZATION: As needed

-SCAR MOBILIZATION: Continue at portal sites as needed

-BIKE: 30 minutes per day with light resistance. Maintain ~20 degrees knee flexion.

-THERAPEUTIC EXERCISE

-Continue exercises from weeks 0-3

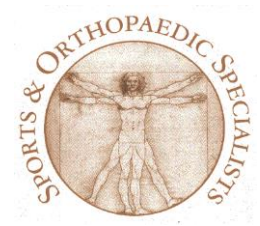
-Supine bridge (only to neutral hip extension)

-Modified front plank and side plank against wall

-PROPRIOCEPTION:

-Dynamic double limb balance activities

CAPSULAR SHIFT PROTOCOL



WEEKS 6-8: CLINIC VISITS 2X/WEEK. HEP 4-5X/WEEK.

- GAIT TRAINING: Normalize stride length during gait
- PROM: Progressive hip ROM
- SOFT TISSUE MOBILIZATION: As needed
- BIKE: Progress to 45 minutes if desired with light to moderate resistance.

-THERAPEUTIC EXERCISE

- Continue exercises from weeks 0-5
- Supine bridge progressions
- Front plank and side plank
- Leg press
- Hip hikes
- Step downs

-PROPRIOCEPTION:

- Unilateral balance activities

- CRYOTHERAPY: Ice as needed after exercises.

WEEKS 9-12: CLINIC VISITS 2X/WEEK. HEP 4-5X/WEEK.

- PROM: Progressive hip ROM
- SOFT TISSUE MOBILIZATION: As needed
- ELLIPTICAL: Progress from 10-30 minutes with light resistance. Spend equal time forward and backward.

-THERAPEUTIC EXERCISE

- Progressive LE and core strengthening
- Hip muscle endurance activities
- Dynamic balance activities

- CRYOTHERAPY: Ice as needed after exercises.

CAPSULAR SHIFT PROTOCOL



WEEKS 13-16: CLINIC VISITS 2X/WEEK. HEP 4-5X/WEEK.

-THERAPEUTIC EXERCISE

- Progressive LE and core strengthening
- Hip muscle endurance activities
- Dynamic balance activities

-RETURN TO RUN, PLYOMETRICS, SPORT SPECIFIC AGILITY DRILLS may be initiated when the patient:

- Demonstrates 5/5 hip muscle strength
- Demonstrates sound biomechanics with 8-inch forward step down
- Demonstrates sound biomechanics with single leg squat

WEEKS 17+: Continue to see the patient in clinic every other week until they have met criteria for discharge:

- PAIN FREE WITH ADL's & ONLY LOW LEVEL DISCOMFORT WITH SPORTS ACTIVITIES
- HIP STRENGTH 5/5 IN ALL PLANES
- STEP DOWN TEST x5 from 8-inch box with sound biomechanics
- SINGLE LEG CROSS-OVER TRIPLE HOP FOR DISTANCE: Limb symmetry index of >85%

At discharge visit, instruct patient in ongoing HEP to be completed 3-4x/week until one year after surgery or until the patient has regained prior level of function.