## PHASE 1

Goal: Protect the Joint and Avoid Irritation

#### PT Pointers:

- -Goal is symmetric ROM by 6-8 weeeks
- -NO Active open chain hip flexor activation
- -Emphasize Proximal Control
- -Manual Therapy to be provided 20-30 minutes/PT session

Date of surgery:	Week	1	2	3	4	5	6
Stationary bike (20 min, Increase time at week 3 as patient tolerates)	Daily	1	1	1	1	1	1
Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament)	Daily (20-30 minutes each session)	1	1	1	1	1	~
Isometrics -quad, glutes, TA	daily	1	1				
Diaphragmatic breathing	daily	1	1				
Quadriped -rocking, pelvic tilts, arm lifts	daily	1	1	1			
Anterior capsule stretches: surgical leg off table/Figure 4	daily	e in	4-	1	1	1	1
Clams/reverse clams	daily	1	1	1			
TA activation with bent knee fall outs	daily	1	1	1			Sec.
Bridging progression	5x/week		1	1	1	1	1
Prone hip ER/IR, hamstring curls	5x/week		1	1	1	1	1

## PHASE 2

Goal: Non-Compensatory Gait and Progression

#### PT Pointers:

- -Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns
- -Provide tactile and verbal cueing to enable non-compensatory gait patterning
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -If MicroFracture was performed, Hold all weight bearing exercises until week 6

Date of Surgery:	Week	3	4	5	6	7	8	9	10
Progress off crutches starting week 3		1							ALC: UNIVERSITY
Continuation of soft tissue mobilization to treat specific restrictions	2x/week	1	1	1	1	1	1	1	1
Joint Mobilizations posterior/inferior glides	2x/week	1		1	1	1	1	1	1
Joint Mobilizations anterior glides	2x/week					1	1	1	1
Prone hip extension	5x/week	1	1	1					
Tall kneeling and ½ kneeling w/ core and shoulder girdle strengthening	5x/week	1	1	1	1				
Standing weight shifts: side/side and anterior/posterior	5x/week	1	1						
Backward and lateral walking no resistance	5x/week	1	1						
Standing double leg 1/3 knee bends	5x/week		1	1	1		2080		
Advance double leg squat	5x/week	12.5			1	1	1	1	1
Forward step ups	5x/week				1	1	1	1	1
Modified planks and modified side planks	5x/week				1	1	1	1	1
Elliptical (begin 3 min, ↑ as tolerated)	3x/week				1	1	1	1	1

# Phase 3

Goal: Return the Patient to Their Pre-Injury Level

## **PT Pointers:**

- -Focus on more FUNCTIONAL exercises in all planes
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -More individualized, if the patients demand is higher than the rehab will be longer

Date of surgery	Week	8	9	10	11	12	16
Continue soft tissue and joint mobilizations PRN	2x/week	1	1	1	1	1	
Lunges forward, lateral, split squats	3x/week	1	1	1	1	1	1
Side steps and retro walks w/ resistance (begin w/ resistance more proximal)	3x/week	1	1	1	1	1	1
Single leg balance activities: balance, squat, trunk rotation	3x/week	1	1	1	1	1	1
Planks and side planks (advance as tolerated)	3x/week	1	1	1	1	1	1
Single leg bridges (advance hold duration)	3x/week	1	1	1	1	1	1
Slide board exercises	3x/week			1	1	1	1
Agility drills (if pain free)	3x/week			1	1	1	1
Hip rotational activities (if pain free)	3x/week			1	1	1	1

# Phase 4

Goal: Return to Sport

### **PT Pointers:**

- -It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery
- -Perform a running analysis prior to running/cutting/agility
- -Assess functional strength and obtain proximal control prior to advancement of phase 4

Date of surgery	Week	16	20	24	28	32
Running		In Alter G	1	1	1	1
Agility			1	1	1	1
Cutting				1	1	1
Plyometrics				1	1	1
Return to sport specifics				1	1	1