Surgical hip dislocation



Phase I: Protective Phase

Weeks 1-4

Goals

- Control pain
- Neutralize muscle atrophy
- Promote healing of tissues

Suggested excercises

Precautions

- Touch-down weight-bearing (20 to 30 pounds)
- Minimize active hip abduction
- Avoid hip adduction
- Hip flexion range of motion (ROM) limited to 0 to 90 degrees
- Hip abuction limited to 30 degrees
- Hip internal rotation (IR) and external rotation (ER) limited to neutral
- May use continuous passive motion (CPM) two hours on and off during the day

Glute sets



Hamstring sets

Other excercises to add:

- Ankle pumps
- Transverse abdominis activation
- Seated marching (within ROM limitations)



Quad sets



Isometric hip adduction

Phase II: Early Mobilization Phase

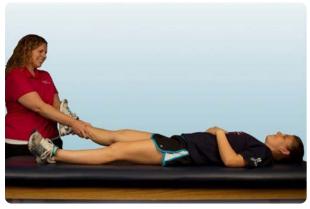
Weeks 4-8

Goals

- Increase ROM within tolerance
- Neutralize muscle atrophy
- Control pain

Precautions

- Touch-down weight-bearing during Weeks 6-8 (physician disgretion)
- Gentle ROM within tolerance
- Progress hip IR/ER within tolerance once patient is full weight-bearing (FWB)
- Avoid exercises with long lever arms, such as straight leg raises (SLR)
- Begin initiating hip abduction isotonics at Week 6



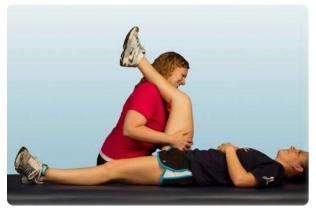
Long axis distraction

• Perform Grade III and IV joint mobilizations as needed to normalize ROM; long axis distraction may be performed for pain

Suggested excercises



Supine hip abduction (Week 6)



Inferior femoral glides



Supine bridging

Joint mobilizations



Standing hip abduction (Week 6)



Standing hip extension



Standing hip adduction



Standing hip flexion

Other excercises to add:

- Bike for cardio (no resistance)
- Prone or standing hamstring curls
- Isometric hip abduction



Side-lying clams

Phase III: Progressive Strengthening Phase

Weeks 8-12

Goals

- Nomalize gait
- Increase muscle strength and symmetry

Suggested excercises



Prone hip extension



Supine hip flexion



Mini squats



Step-ups

Precautions

• Progress to FWB with physician clearance



Side-lying hip abduction



Single-leg bridging



Wall sits

Other excercises to add:

- Side-lying hip adduction
- Single-leg stance
- Leg press
- Progress core stabilization
- Gradually add resistance to bike

Phase IV: Functional Strengthening Phase

Weeks 12-20

Goals

• Progressive functional strengthening

Suggested excercises



Single-leg squat



Single-leg deadlift

Precautions

• Progress strengthening within pain tolerance



Lunges

Phase V: Return-to-Sport Phase

Week 20 and beyond

Goals

- Improve cardiovascular endurance
- Sport-specific training

Precautions

- Criteria to begin running progression:
 - Cleared by physician
 - Non-antalgic normalized gait pattern
 - Patient performs a single-leg squat with proper mechanics (no trendelenburg, dynamic genu valgum or lateral trunk lean)

Suggested excercises

- Agility drills
- Plyometrics
- Sport-specific training
- Running progression

Discharge criteria:

- Run with non-antalgic gait and no trendelenberg
- Cutting and agility drills performed with proper form and no hesitation on involved side
- Physician clearance