

Complex Hip arthroscopy: labral repair, CAM osteotomy, Microfracture

Approx. 1-4 weeks	Approx. 4-8weeks	Approx. 8-12weeks	12weeks+
<p>Restrictions / Precautions:</p> <ul style="list-style-type: none"> PWB unless specified TTWB for Microfracture unless specified No Forced hip flexion No Forced internal rotation No Active rotation exercises No combined rotation in extension Avoid sitting in greater than 90° flexion for long periods <p>Aims of Treatment:</p> <ul style="list-style-type: none"> Regain Hip range of motion Maintain muscle function Allow tissue to heal and settle Encourage normal gait +/- crutches Teach and maintain neutral pelvis Promote prone lying (upto 2 hours daily) to reduce risk of anterior capsular adhesions / contracture Utilise hydrotherapy if safe for use to assist in above goals <p>Milestones to progress to next phase:</p> <ul style="list-style-type: none"> Can FWB +/- walking aids Can maintain neutral pelvis in standing for 60 seconds ROM 80% of unaffected side 	<p>Restrictions / Precautions:</p> <ul style="list-style-type: none"> High impact exercises Rotation exercises into pain Anterior pelvic tilt postures (lordotic postures) <p>Aims of Treatment:</p> <ul style="list-style-type: none"> Restore and maintain full ROM in the Hip Regain normal gait without walking aids Improve capsular mobility Increase strength Improve joint proprioception Improve core stability <p>Milestones to progress to next phase:</p> <ul style="list-style-type: none"> Normal gait without walking aids Climb stairs normally without pain Full range of motion equal to unaffected side Strength 70% of unaffected side Single leg stand without trendelenburg sign 	<p>Restrictions / Precautions:</p> <ul style="list-style-type: none"> Avoid twisting and cutting movements <p>Aims of Treatment:</p> <ul style="list-style-type: none"> Increase muscle and CV endurance Regain full proprioceptive control Trampette running Improve lateral weight transfer control <p>Milestones to progress to next phase:</p> <ul style="list-style-type: none"> Maintains full ROM unaffected by exercise Single leg squat to 40° with glut control Add/Abd strength ratio of 1:1 Triple hop index equal to unaffected side 	<p>Aims of Treatment:</p> <ul style="list-style-type: none"> Maintain full ROM Increase muscle strength Dynamic proprioceptive function (dependent on sporting requirements, very patient specific): Impact exercise and introduce concept of SAQ Sensory motor control <p>Milestones to return to sport:</p> <ul style="list-style-type: none"> Full pain free ROM and no swelling following exercise Patient emotionally ready to commence training and sport CV fitness optimised beyond pre-morbid state aerobically and anaerobically Full sprint without limp Able to perform skilled movement patterns necessary ie. Tackle, header, dribble etc

CAM and Pincer Takedown with biological scaffold into the socket cartilage so this needs to be delicately handled so its not disrupted. I would not advise pushing internal rotation for another two weeks. Concentrate on core gluteal function and conditioning and avoid overloading psoas. You can the combine the rehab gudelines attached to suit needs. I am happy with use of cycles, treadmill and crosstrainers. I expect to start pushing rotational activity after three or four weeks, this is similar to, but more stable than microfracture so please do keep this in mind.

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