

Nonoperative Non-Osteoarthritis Hip Rehabilitation Protocol

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Referral for Rehabilitation Services

Patient Name: _____ Diagnosis: _____ PT Duration: _____ / Week _____ Weeks

Phase	Precautions	Treatment Recommendations	Emphasize
Phase 1 <i>Criteria for Advancement:</i> -Foam rolling of non-irritated soft tissue -Walking longer without pain -Single leg balance without pain 5 seconds with proper mechanics -Pain free squat with proper mechanics -Improvement in sleeping pain if applicable -Pain scale <5/10	<ul style="list-style-type: none"> Avoid exercising with pain Avoid overload and repetitive stress injury Avoid faulty movement patterns 	<ul style="list-style-type: none"> Stationary Bike seated with lower cadence Begin consistent home exercise program Mobility <ul style="list-style-type: none"> o Prone quadriceps stretch/ Hip flexor stretch o Light foam rolling to quadriceps and hip flexors o Supine hamstring stretch Stability <ul style="list-style-type: none"> o Abdominal sets <ul style="list-style-type: none"> Progress to fall out/ Overhead lift o Standing resisted pull down o Quadruped core activation <ul style="list-style-type: none"> Progress to upper extremity (UE)/ LE movement o Postural reeducation o Prone glut set firing sequence <ul style="list-style-type: none"> Abdominals, unilateral gluteal, quads, tibialis anterior o Gluteus medius isometrics against wall Strength <ul style="list-style-type: none"> o Bilateral leg press <ul style="list-style-type: none"> Progress to match body weight, arc 0°-90°, foot placement neutral to slightly externally rotated. Resistance band around knees o Bridges with band Dynamic <ul style="list-style-type: none"> o Double leg balance training <ul style="list-style-type: none"> Progress band at knees o Unilateral balance with external support for control o Foam rolling of non-irritated soft tissue 	<ul style="list-style-type: none"> Load management Core activation Pain free pelvic girdle activation Pain modulation Patient education
Phase 2 <i>Criteria for Advancement:</i> - 8" step down without pain -No pain with exercise and ADLs - Single leg squat with good mechanics, without pain, to variable depth -Single leg balance without compensation	<ul style="list-style-type: none"> Avoid exercising with pain Avoid overload and repetitive stress injury Avoid faulty movement patterns 	<ul style="list-style-type: none"> Progress cardiovascular fitness (bike, swim, elliptical) Mobility <ul style="list-style-type: none"> o Static stretching o Foam rolling o Movement pattern education <ul style="list-style-type: none"> Sit to stand, ambulation, stairs Stability <ul style="list-style-type: none"> o Anterior and lateral plank progression o Dead bug progression o Hip clocks o Paloff progression from short kneeling 	<ul style="list-style-type: none"> Improve movement mechanics on both legs Progress single leg balance strategy/ alignment Progress home exercise program

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Phase 2 (continued)

- Strength
 - o Double leg bridges
 - Progress to single leg hold when able to perform with good pelvic and trunk control
 - o Hip abduction isotonic in sidelying at wall
 - o Lateral band walking
 - o Standing clamshell
- Dynamic
- o Posterior/ Forward/ Lateral Step down
- o Double leg balance
 - Stable surface moving to unstable with

Phase	Precautions	Treatment Recommendations	Emphasize
Phase 3 <i>Criteria for Discharge:</i> -Able to single leg squat equal to the depth and strategy of the unaffected side -Independent with advanced HEP -Pain free with functional activities -Athlete able to perform sports specific movement pain free and start sport specific training -Communication and collaboration with appropriate sports performance expert if returning to sport	<ul style="list-style-type: none"> ▪ Avoid exercising with pain ▪ Avoid overload and repetitive stress injury ▪ Avoid faulty movement patterns as intensity and volume progress 	<ul style="list-style-type: none"> ▪ Progress to more advanced long term HEP ▪ Mobility <ul style="list-style-type: none"> o Foam rolling o Dynamic mobility/ stretching <ul style="list-style-type: none"> Open gate hip mobility Dynamic warm up for hips and lower extremity ▪ Stability <ul style="list-style-type: none"> o Continue plank progression to dynamic o Dead bug progression o Standing Paloff pressing <ul style="list-style-type: none"> Progress to lift/chop o Weighted ball plyometric progression ▪ Strength <ul style="list-style-type: none"> o Functional single leg strengthening with external load or perturbation o Progress functional movement patterns <ul style="list-style-type: none"> Double leg, in-line stance, single leg ▪ Dynamic function <ul style="list-style-type: none"> o Box jumps o Broad jump progression double to single leg o Agility ladder progression double to single leg 	<ul style="list-style-type: none"> ▪ Double to single leg strength and power ▪ Improve pelvic stability with dynamic exercise ▪ Full body conditioning to appropriate level

Protocol adapted from Hospital for Special Surgery Rehabilitation hip guidelines

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature

Date_____