

Nonoperative Hip Protocol

	Phase I: Tissue Healing	Phase II: Early Functional Recovery
Weight-Bearing and Immobilization	<ul style="list-style-type: none"> • No immobilization necessary • WBAT (wean crutches or other assist devices if being used) • Normalization of gait pattern 	
Aerobic	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Low-impact exercise as tolerated (stationary bike, elliptical, swimming other than breast-stroke)
Range of Motion (ROM)	<ul style="list-style-type: none"> • Maintain ROM • Hip flexion: 0-90° • Hip IR: as tolerated • Hip ER: 0-30° • Knee flexion: 0-90° 	<ul style="list-style-type: none"> • Full PROM • Progress to full AROM
Strengthening	<ul style="list-style-type: none"> • Light isometric exercises • Avoid straight leg raises 	<ul style="list-style-type: none"> • Progress strengthening exercises to include core, hip abductors, hip external rotators, and quadriceps (closed chain)
Other	<ul style="list-style-type: none"> • Modalities as needed to reduce swelling and for muscle re-education • Avoid any activity which causes anterior or lateral hip impingement • Monitor and be aware of any low back and/or SI joint dysfunction • Monitor for and avoid onset of hip flexor and abductor tendonitis, particularly in patients with weak proximal hip musculature (activity modification and decreasing inflammation is prioritized over other exercises if tendonitis is present) • Home Exercise Program (HEP) per discretion of Physical Therapist 	
Goals	<ul style="list-style-type: none"> • Pain control • Regain normal gait • Decrease tissue inflammation • Decrease swelling • Minimize joint stiffness 	<ul style="list-style-type: none"> • Regain normal ROM • Improve strength

	Phase III: Late Functional Recovery
Weight-Bearing and Immobilization	<ul style="list-style-type: none"> • No immobilization necessary • WBAT (wean crutches or other assist devices if being used) • Normalization of gait pattern
Aerobic, Range of Motion (ROM), and strengthening	<ul style="list-style-type: none"> • Advance aerobic exercise as tolerated • Begin with walk-jog-run progression but may not progress to running until abductor strength is equal to contralateral side • Advance strengthening to include hip flexors and focus on hip flexors and abductors • May begin balance and proprioception exercises for pelvis and hip stability • May begin plyometric exercises • Progress to sport-specific activity when full strength and muscle coordination has been achieved
Other	<ul style="list-style-type: none"> • Modalities as needed to reduce swelling and for muscle re-education • Avoid any activity which causes anterior or lateral hip impingement • Monitor and be aware of any low back and/or SI joint dysfunction • Monitor for and avoid onset of hip flexor and abductor tendonitis, particularly in patients with weak proximal hip musculature (activity modification and decreasing inflammation is prioritized over other exercises if tendonitis is present) • Home Exercise Program (HEP) per discretion of Physical Therapist
Goals	<ul style="list-style-type: none"> • Advance strength • Progress aerobic exercise • Begin advanced exercise program to include balance, proprioception, and plyometric exercises • Return to all full activities and sports as tolerated