Surgical hip dislocation

Phase I: Protective Phase

Weeks 1-4

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

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 abduction 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

Suggested exercises

- Glute sets
- Quad sets
- Hamstring sets
- Isometric hip adduction

Other exercises to add:
- Ankle pumps
- Transverse abdominis activation
- Seated marching (within ROM limitations)
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 discretion)
- 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

**Joint mobilizations**

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

**Suggested exercises**

- Supine hip abduction (Week 6)
- Supine bridging
Standing hip abduction (Week 6)

Standing hip flexion

Standing hip extension

Standing hip adduction

Standing hip flexion

Side-lying clams

Other exercises to add:
- Bike for cardio (no resistance)
- Prone or standing hamstring curls
- Isometric hip abduction
Phase III: Progressive Strengthening Phase

Weeks 8-12

Goals
• Normalize gait
• Increase muscle strength and symmetry

Precautions
• Progress to FWB with physician clearance

Suggested exercises

- Prone hip extension
- Side-lying hip abduction
- Supine hip flexion
- Single-leg bridging
- Mini squats
- Step-ups
- Wall sits

Other exercises 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

**Precautions**
- Progress strengthening within pain tolerance

**Suggested excercises**
- Single-leg squat
- Single-leg deadlift
- 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 exercises**
- 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