Physical Therapy
after Hip Arthroscopy

Therapy Phases 1 and 2
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Talk to your doctor or health care team if you have any questions about your care.

The Library for Health Information is available to help you find more health information at 614-293-3707 or e-mail: health-info@osu.edu.
Physical Therapy after Hip Surgery

Getting ready for physical therapy
Therapy starts in the hospital. You will be visited by a physical therapist and shown how to do exercises that will start as soon as you go home. Physical therapy starts 2 to 3 days after surgery. Physical therapy is a very important part of your recovery.

If you need a referral for therapy, please tell us.

• Bring this book with you to each physical therapy visit. It is yours to keep. Use this book to help you learn the different exercises taught by your therapist.

• Be an active partner in therapy. Be on time for therapy, and ready to learn and work hard for your recovery.

• There are different phases of recovery. Your therapist will advance your exercises as you heal.

• A surgery follow-up visit will occur 2 weeks after surgery with a Physician Assistant (PA) to check how you are healing. At every medical visit, the PA or surgeon will always ask about therapy at your visits.

If you see a therapist outside of OSU
When you come to any of your post-surgery visits, you will need to schedule an extra 30 minute visit with an OSU Physical Therapist to check your therapy progress.

Tell us when scheduling that you need this visit at each appointment:
• 6 weeks after surgery
• 4 months after surgery
• 6 months after surgery
• 1 year after surgery

If you would like to contact your doctor
Please call:

Dr. Ryan:
(614) 688-6328

You may also contact your doctor through MyChart. If you do not have an account, please ask our office for an activation code during the visit.
For more information on a location for your therapy visit, please visit: www.sportsmedicine.osu.edu

**OSU Sports Medicine & Rehabilitation**
2050 Kenny Road
Columbus, OH 43221-3502
614-293-3600

**OSU Sports Medicine & Rehabilitation - CarePoint Gahanna**
920 S. Hamilton Rd
Gahanna, OH 43230
614-293-7600

**OSU Sports Medicine & Rehabilitation - Grove City YMCA**
3600 Discovery Drive
Grove City, OH 43123
614-293-1068

**OSU Sports Medicine & Rehabilitation - Hilliard YMCA**
6048 Woodview Way
Hilliard, OH 43026
614-293-6384

**OSU Sports Medicine & Rehabilitation - CarePoint Lewis Center**
6515 Pullman Dr
Lewis Center, OH 43035
614-293-1008

**OSU Sports & Rehabilitation - Stoneridge**
3900 Stoneridge Lane
Dublin, OH 43017
614-366-9324

**OSU Sports Medicine & Rehabilitation - Downtown**
21 E. State Street
Columbus, OH 43215
614-366-3600
Hip Therapy Goals

The therapy goals in this book are for Therapy Phases 1 and 2 or the first two months of healing after surgery.

You may progress faster through the program or slower, depending on how fast you heal.

When you finish these phases of recovery, you will start the next book: Therapy Phases 3 and 4. This book will cover the rest of your recovery with the program.

Phase 1 goals (1 to 4 weeks after surgery)

- To protect your hip joint while tissue heals
- To help you restore a pain-free range of motion
- To reduce pain and swelling in the hip
- To teach you to use specific muscles for movement, such as when walking or picking up objects off of the floor.

Phase 2 goals (5 to 8 weeks after surgery)

- To continue the goals from Phase 1
- To improve your core and hip stability by strengthening specific muscles
- To teach you proper form for your exercises at home
- To improve your range of motion with more active exercises
- To slowly introduce your normal activities as your hip joint heals
- To teach you how to do normal activities without adding strain to the hip joint

Check your progress

Phase 1 start date:

Phase 1 complete date:

Phase 2 start date:

Phase 2 complete date:
Exercise Equipment and Safety

The exercises in this book use manual therapy (by the physical therapist) and your own body weight. Some exercises will ask you to use a piece of equipment or an exercise machine. You will be given more information by your therapist about how to use the machine or equipment.

Types of equipment

You will be shown how to use the exercise equipment. **If you have questions or are not sure you are using the equipment correctly, ask your therapist for help.**

- Exercise machines
- Therabands for resistance
- Free weights
- Balance poles
- Ropes or sport cords
- Exercise balls

Exercise safety

For your safety, use these tips for exercise:

- **Tell the therapist if you have pain, pinching or swelling** during or after any of the exercises.

- **If you feel unsteady or lack balance, ask for help.** Keep a chair, pole or wall next to you when doing balance exercises alone.

- Do motions slowly and with control.

- If your position changes when doing the exercise, tell the therapist. The therapist will correct your position before continuing.

- Be aware of your level of tiredness or fatigue when doing your exercises. If you are no longer able to hold the proper form for an exercise, stop and tell your therapist.
Protecting Your Hip

Our goal is to have you move safely after surgery. Movement helps to protect healing tissue, restore range of motion, and reduce pain and swelling.

- **When at home, change positions every 30 minutes.**
- **Do NOT sit for more than 2 hours in one position.**

**Expect some pain after surgery**

Even with medicine to control your pain, it will take time for your hip to heal.

- Take your pain medicine, as directed by your doctor.
- Do NOT take more medicine before your next scheduled dose.
- If movement is too painful or feels like pinching in the hip, please call your doctor.

**Starting to walk after surgery**

- **Use both crutches to support your weight** when standing or sitting. Your physical therapist will teach you how to walk on crutches while you are in the hospital.
- Start by walking small distances to build up strength and balance. Avoid leaning on crutches. Stay upright when walking.
- Keep your surgery hip in neutral position. Do NOT rotate or extend the joint.
- You will progress from 2 crutches to no crutches. **Do NOT use only 1 crutch or cane.**
- Your doctor and physical therapist will talk with you about when you are ready to move to the next stage of healing.

**Exercise safety**

To protect your hip, we recommend that you:

- Keep your knee over your toes. Do NOT turn your knee inward when exercising. This puts strain on your surgery hip.
- Do warm-up exercises and cool down exercises at the beginning and end of each session.
- Follow the direction of your therapist for safety. Do NOT increase resistance, weights or activity until it is safe to do so.

**Avoid these behaviors or positions:**

- **Do NOT** sit for more than 2 hours at a time
- **Do NOT** extend your hip behind you more than you would for walking
- **Do NOT** twist or pivot on the surgery side
- **Do NOT** perform stomach crunches or sit-ups or straight leg raises. Do NOT do any exercises that bring your knee above the waist.
- **Do NOT** walk on a treadmill.
- **Do NOT** lift or carry more than 10 pounds.
- **Do NOT** use a recumbent bike or bike in a reclined position. It puts strain on the hip joint.
These exercises start right away after surgery with a physical therapist or caregiver.

Our goal is to help decrease pain and reduce scars in the hip joint after surgery. Starting exercise soon after surgery is the best way to start recovery. Start these exercises right away after surgery. Not doing exercises can lead to a second surgery to remove scar tissue.

- **Do pendulum exercises**, as you were shown in the hospital. Use slow and controlled movement when doing the exercise. While standing on your non-surgery leg, hold on to the back of a chair or wall for balance.

- **Do each of these exercises 30 times, 3 times a day with your surgery leg.**
  - Slowly move the leg forward and backwards.
  - Slowly move the leg side to side.
  - Slowly move the leg in a circle clockwise.
  - Slowly move your leg in a circle counter-clockwise.

- **Do passive hip circumduction exercises.** Go to www.go.osu.edu/circumduction to watch the video of the exercise. Relax your leg and let your caregiver move your leg through these exercises.
  - 70 degrees in a clockwise motion
  - 70 degrees in a counter-clockwise motion
  - 30 degrees in a clockwise motion
  - 30 degrees in a counter-clockwise motion

- If you have the continuous passive motion (CPM) machine, use the machine for 1 hour at a time, 2 to 3 times a day in the days and weeks after surgery.

- You will have swelling in the hip after surgery. **To reduce hip swelling:**
  - **Wear tight fitting shorts**, such as bike shorts. The shorts will give pressure to the hip area and reduce swelling. Change or wash the shorts you wear every day.
  - **Use ice packs or cold compresses.** Apply ice or compress to the area for 20 to 30 minutes. Take ice/compress off the area 20 to 30 minutes before using it again.

- If you have any questions about how to do these exercises, please call your doctor.
Passive Range of Motion Exercises

Many of the first exercises you will do are called passive hip exercises. Your physical therapist or a caregiver at home will do most of the work to move your hip joint. These positions are used to help with flexibility and mobility right after surgery.

Exercises also reduce scar tissue in the joint and are very important for healing. If these exercises are not completed, it can lead to a second surgery to remove scar tissue.

- Your therapist is a trained and licensed professional. They have the same goals you do, to help you improve in strength and movement as you recover from surgery.
- **Breathe normally when doing your exercises.** Do NOT hold your breath.
- **Tell your therapist how you feel** during the exercises.
- **Ask questions** if you do not understand the purpose of the exercise or how it helps your body.
- The exercises will progress in difficulty as your range of motion and strength increases.

Passive hip circumduction

Lie on your back. Your therapist or caregiver will gently support your ankle and leg for this exercise. Keep your leg straight, and knee slightly bent. Your leg will be rotated in a clockwise direction for 3 minutes at 30 degrees. Your leg will be then moved in a counter-clockwise direction for 3 minutes.

You will repeat the exercise at an angle of 70 degrees. Move the leg for 3 minutes in a clockwise direction. Then move the leg in a counter-clockwise direction for 3 minutes. **Note:** Increase the amount of time to 5 minutes rotating the leg at 30 and 70 degrees as you are able.
Pendulum exercises help to gently move the hip after surgery. Lean against a wall or hold on to a sturdy chair for this exercise. Put your weight on your non-surgery leg. Allow your leg to hang above the floor in a neutral position. Then, move it slowly front and back, like a pendulum. Each full swing from the front to neutral and back to neutral counts as one swing. Repeat the exercise 10 times, 3 times a day. Do not go forward or back further than allowed by your therapist.

Repeat the exercise, moving from side to side. Stand on your non-surgery leg and start again in the neutral position. Gently swing the leg starting out to the side and back to neutral. Keep your hip in position when doing this exercise. Repeat the exercise 10 times, 3 times a day. Do not allow the leg to go too far inward during this exercise.
**Ankle pumps**

Ankle pumps work lower leg muscles and keep blood moving while you heal. Lie on your back. Move your foot up and down (as if you were pushing down or letting up on a gas pedal). Repeat 10 times, 3 times a day.

**Short arc quads**

Quad muscles are the large muscles on the top of the thigh that help you to extend your knee and flex your hip. Lie on your back with your legs straight and toes pointed toward the ceiling. Place a large rolled towel or a ball under the knee. Straighten your knee and leg. Hold the position for 5 seconds and then release. Repeat 10 times, 3 times a day.

**Glute sets**

Glute sets work the large muscle group in the buttocks and hip area. This exercise can be done on your back or lying on your front. Tighten the glute muscles or muscles in the buttocks, hold it in position and then relax. Repeat the exercise on your back 10 times.
Phase 1 Exercises

Phase 1 goals (1 to 4 weeks after surgery)
These are the goals your doctor, physician assistant and therapist have for your recovery within the first month of surgery. You may progress to the next phase faster or slower, depending on how well you heal, the amount of pain you have and your commitment to therapy.

Phase 1 goals:
• To protect your hip joint while tissue heals
• To help you restore a pain-free range of motion
• To reduce pain and swelling in the hip
• To learn to use specific muscles for movement, such as when walking or picking up objects off of the floor.

Physical therapy
Physical therapy visits start 2 to 3 days after surgery. Some exercises will begin in the hospital, and you will continue to do them when you go home. Make sure you have a caregiver who can help you start your exercises at home. Ask family or friends to help you stay committed to therapy. Tell them if you need help with transportation to and from therapy visits or doing your exercises.

Water or aquatic therapy
If you have access to a pool, water therapy can be started 3 to 4 weeks after surgery, if your doctor says that it is okay.

Water therapy, also called aquatic therapy, is a more gentle process of working muscles while your body heals. It may be used as part of your overall physical therapy program.
DO THESE EXERCISES ONLY WITH A TRAINED CAREGIVER OR YOUR PHYSICAL THERAPIST

**Hip flexion**

The therapist will hold your leg, supporting your knee and lower leg in neutral position.

The therapist will gently raise and lower the knee. Work to keep your hip in place on the table as the leg is extended. This exercise will be done in sets to check movement in the hip.

**Hip abduction**

From a neutral position, with your lower leg supported, your therapist will move your leg gently outward. When the leg moves away from the body it is called *abduction*.

As the leg moves outward, tell your therapist how the hip joint feels. This exercise will be done in sets with the leg moving away from and then close to the body.
Hip internal rotation

Lie on your back for this exercise. Keep your hips flat against the table.

Your therapist will gently turn the surgery leg outward from the body, and then back to the start position. You may feel a slight turning in of the hip joint during this exercise.

Hip external rotation

Lie on your stomach for this exercise. Your therapist will bend your knee to 90 degrees. A hand will be placed on your back to keep hips flat on the treatment table.

As the lower leg is rotated, it gives a stretch to the outside muscles of the hip and leg. Return to start position.
**Iliopsoas stretch**

Lie on your back for this exercise.

Bring your knee of your non-surgery leg up toward your chest and hold the position for 30 seconds. You will feel a comfortable stretch in your surgery leg. Repeat the stretch 5 times.

**Quadricep stretch**

Lie on your stomach for this exercise.

Your therapist will bend the knee of your surgery leg, bringing your ankle toward your buttocks or rear end. Hold for 30 seconds. Repeat the stretch 5 times.
Active Range of Motion Exercises

Glute sets - supine and prone

Glute sets work the large muscle group in the buttocks and hip area. This exercise can be done on your back or lying on your front. Tighten the glute muscles or muscles in the buttocks, hold it in position and then relax. Repeat the exercise on your back 10 times.

You may find it helpful when lying on your stomach to place your hands on the glute muscles to isolate that muscle group. Repeat the exercise 10 times.

Glute sets - hooklying position

Repeat the glute exercise with a change in position. Slide your feet toward your buttocks so that your knees are bent.

Tighten the muscles, hold for several seconds and then release. As strength improves, slide your feet closer toward your buttocks and repeat the exercise. Repeat the exercise 10 times.
Glute sets - tall kneeling and half kneeling

Place your hands on your glute muscles. Keep your back straight and shoulders down when doing this exercises. Start by squeezing both glutes together. When you are able to do the exercise with both glutes, do the exercise on the surgery side only. Repeat the exercise 10 times.

As you build strength, start in the Tall Kneeling position, work to support your weight only on the surgery leg. Slide your non-surgery leg forward so that your leg is bent, as shown. Hold this position while tightening the glute muscles, holding and relaxing them. Repeat the exercise 10 times.

Glute sets - figure 4 position

Lie on your stomach and place your hands on your glute muscles. Slowly slide the foot of your non-surgery side up the inside of the straightened surgery leg to the knee. This will create a figure 4 position with your legs.

When doing this exercise, the surgery leg needs to stay straight and flat against the table. Tighten the glute muscles of your straight leg, hold for several seconds and then release. Repeat the exercise 10 times.
Transverse abdominus activation

This is a small body movement for the abdominal or core muscles above the hips. Keep your back resting gently on the surface and hips in neutral position. Bend your knees. Tighten your abdominal muscles and hold them without movement. **Breathe normally and do NOT hold your breath.**

Hold the position as you are told by the therapist. As you are more comfortable with the position, you may prefer to place your hands on the treatment table instead of the lower abdomen. Repeat this exercise 15 times. You may repeat this exercise for a total of 3 sets of 15 times.

Posterior pelvic tilt

Pelvic tilts are very small movements. Place your feet firmly on the treatment table with knees bent. The focus of the exercise is on the pelvis. To feel the exercise, place your hands on your lower abdomen. Curl your tailbone toward your nose so that your back flattens on the table.

Tighten your core muscles and press your low back into the table. Gently rock the pelvis forward and backwards to feel a stretch in the hips. Repeat this exercise 15 times. You may repeat this exercise for a total of 3 sets of 15 times.
### Hooklying reverse butterfly

Lie on your back with your knees bent about hip width apart. Tighten your core muscles when doing butterfly exercises.

Slowly open the hips allowing the knees to move outward. Hold for 5 seconds. Use your inner thigh muscles to pull back to start position. This is a slow and controlled movement.

### Butterfly

**Only start this exercise when you can do the reverse butterfly without pain.**

Lie on your back with your knees bent about hip width apart. Tighten your core or stomach muscles when doing butterfly exercises.

Slowly pull the knees together. This is a gentle stretch on the outside of the leg and hip. Your therapist will tell you how far apart to move the knees and the number of repetitions for this exercise.
Bridges

Bridges are exercises used to strengthen your glutes and core muscles. Lie on your back with your knees bent. Dig your heels into the surface for support. Clasp your hands and hold them straight out in front of you. Tighten your core muscles that you use for transverse abdominus activation (see page 18).

Using your shoulders and upper back for balance, slowly lift your hips off of the treatment table while squeezing your glutes and core muscles. Once in a bridge position, work to support your body equally on both legs. Return to the start position.

Do NOT move to bridge progression exercises if you have pain or pinching.
Isometric Exercises

Isometric exercises help you work your muscles without moving the larger joints.
- Hold each of these exercises for 10 seconds.
- Your therapist will tell you how many times to repeat the exercise.

If you have any pain or pinching when doing an exercise, tell your therapist.

How to do the exercises
- When the exercise calls for a small ball, you will do a squeezing exercise.
- When the exercise calls for a belt, you will do a pushing exercise.

Internal rotation
Lie on your stomach. Place a belt or band around the ankles. Bend your knees so that they are at 90 degrees to your hips. Press against the band with your outer ankles. You should feel your outer hip muscles working.

External rotation
Lie with your stomach. Place a ball or towel between your ankles. Bend your knees so they are 90 degrees to your hips. Hold and squeeze the ball. You will feel this in your deep hip muscles.
**Abduction**

Lie on your back. Place a belt or band around your knees and bend your knees to 90 degrees. Keep your feet flat on the surface and push your knees out against the belt.

**Adduction**

Lie on your back. Bend your knees and place your feet flat on the surface. Place a ball between your knees. Squeeze your knees together into the ball. You will feel this in your inner thigh muscles.

The stretch may also be done by holding a towel roll between the knees.
Prone terminal knee extension

Lie on your stomach, with your legs and feet together. Keep your hips flat on the table. Place a towel under the ankle on the surgery leg.

Tighten the muscles in the surgery leg and work to raise the knee off of the table. Once the knee is raised, hold the position and then relax. Repeat this exercise as directed by your therapist.

Prone prop position

Lie on your stomach, with your legs and feet together. Bend your elbows so that your arms can support your body weight. Lie on your stomach for at least 30 minutes, 2 times a day.

Then prop your body on your forearms. Your arms will support your upper body weight. The table or flat surface will support your lower body weight. Work to keep your hips in position on the surface during the exercise. Hold several seconds and then relax and return to the start position.
**Prone hamstring curls**

Lie on your stomach, with your legs and feet together. Rest your arms near your head.

Keeping your hips flat on the table, bend your knee on the surgery leg. Raise the lower half of the leg so that your foot is in the air. This is the hamstring curl. **Do this exercise slowly with controlled movement.** Repeat the exercise.

**Camel/cat stretch**

Kneel facing the table. Place your hands shoulder width apart in front of you. Keep elbows slightly bent. Work to balance your weight between your surgery and non-surgery legs. Breathe in and tip your head and tailbone down as you arch your back.

Breathe out as you tip your head up and your tailbone up to reverse the movement. Allow your back to sag in the new position. You will feel a stretch in the chest and back during this exercises. Return to start position. Repeat this exercise 10 times, and do 2 sets, 2 times a day (for a total of 40 cat/camel stretches).
**Posterior rocking or heel sitting**

On your hands and knees, hip width apart, place your hands in front of you. Keep elbows slightly bent. Sit back on your heels (within a pain-free range) and hold for 5 seconds. Then, rock forward shifting your body weight onto your arms. Repeat for 3 sets of 10 heel sits (or 30), 2 times a day. This is a total of 60 heel sits.

**Standing single leg balance**

*Do this exercise only when you can stand on your surgery leg without pain.*

- When first starting this exercise, it may be helpful to put your hands on your hips to keep your hips and pelvis level.
- For safety at home, be next to a wall or a sturdy chair for balance. At therapy, you may use a pole.
- **Do NOT** allow your hip to move up or down, called a hip hike or hip drop, when doing this exercise.
- **Do NOT** allow your body to lean from one side to the other during this exercise.
- Work to maintain balance for 30 seconds. When you can do this easily, do single leg balances with your eyes closed.
Advances for Phase 1

You may be able to start these exercises after your 2 week surgery follow-up visit. Talk with the physician assistant and your therapist about how you are healing, your range of motion, and any pain you have with movement or activity. We want you to progress safely in these exercises.

Passive FABER slide

Lie on your back. The heel of your surgery leg will rest in the therapist or caregiver’s hand. Their other hand will support the side and back of your knee.

Caregivers: Do NOT push on the knee to force it outward.

Clamshells

Early in recovery, this exercise is done without therabands for resistance. Lie on your non-surgery side with your hips and knees bent at 45 degrees. Place your hand on your hips. Keep your feet together and hip level and in line with each other.

Tighten your core muscles for stability while doing this exercise. Slowly raise the top knee. Rotate the leg up and out as high as possible without allowing the pelvis to rotate back. Then lower the leg slowly back to the start position.
Marching

Lie on your back with your hips and knees bent. Keep your core muscles tight and hips firmly pressed into the table or surface for the exercise.

Heel slides

Lie on your back. You may want a towel under each foot for this exercise. Keep your core muscles tight and hips and lower back firmly pressed into the surface for the exercise.

Slowly raise one knee so it is 90 degrees to the hip. Hold for 1 or 2 seconds. Slowly lower the knee back down to the start position. Repeat with the other leg. Do 10 marching exercises in a row. You can do 1 to 3 sets (or 10 to 30 marches) for the exercise.

Slowly slide one heel up the table ending when your knee is bent at 90 degrees. Then lift your heel off the table so your hip bends to 90 degrees. Do the exercise again with the other leg. **Stop if you have pain in the front of the hip with this exercise.**
Standing knee extension with theraband

Tie an elastic resistance band or theraband to a table leg or object that will not move. The band is used to give resistance to the leg during this exercise. Place the theraband behind the knee of your surgery leg. Start with your weight on your non-surgery leg. Slightly bend the surgery knee so that your heel comes off the ground.

Place your hands on your hips to keep them level for this exercise. Straighten your knee until your foot is flat. Squeeze your buttock muscles and the front of the thigh on that leg and hold for 3 seconds. Then relax, allowing the knee to bend and heel to return to the start position.

Forward step up

Place a low step stool in front of your surgery leg. When starting this exercise, place your hands on your hips to keep your hips level and in line with the body.

Step up onto the stool or step leading with the surgery leg. If you do not have a step or stool, you can use the bottom step of a flight of stairs. For your safety:

- When you step up, do NOT pivot.
- When you step down, lead with your non-surgery leg first.
Hip abduction with internal rotation

Start in a standing position with knees straight. Put all of your weight on your non-surgery leg. Rotate the hip of your surgery side with toes pointed inward.

Slowly bring your surgery leg straight out to the side. Keep your hip rotated and toes slightly inward during the exercise. Keep your hips level and in line with the body during the exercise.

Ready to move to phase 2?

Check your progress through phase 1 by completing this checklist:

- I can walk normally without crutches or any device to help with walking AND I do not have pain or a limp when walking.
- I can do my normal daily activities with little or no pain.
- It does not hurt when I move my leg through passive or active range of motion exercises.
- I can do all of my home exercises without increasing my pain.

**DO NOT START PHASE 2 UNTIL YOU TALK WITH YOUR PHYSICAL THERAPIST.**

It may take your body more or less time to be ready for the next phase of treatment. Everyone heals at a different pace. Keep working at your exercises and talk with your physical therapist about the challenges you have with exercise or if you have pain. We are here to help you!
This is a list of exercises for phase 1. Your Physical Therapist will mark the exercises (number of sets and number of repetitions or reps) for each week. The first week has been completed until your first follow-up visit.

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**Notes**
Use this space to help remember information from your therapist or to write down the questions you have as you recover from surgery.

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Phase 2 Exercises

Phase 2 goals (5 to 8 weeks after surgery)

- To continue the goals from phase 1
- To improve your core and hip stability by strengthening specific muscles
- To teach you proper form for your exercises at home
- To improve your range of motion with more active exercises
- To slowly introduce your normal activities as your hip joint heals
- To teach you how to do normal activities without adding strain to the hip joint

Before starting this phase of therapy

Your physical therapist will look for normal movement patterns when standing and walking or shifting your weight.

It is important to:

- Keep your hips level and in line with the body when doing exercises.
- Do each exercise correctly using the specific muscles or proper form or position used. Doing the exercise correctly is more important than doing more of the exercise with poor form.

Warming up for exercise

When warming up before exercise, we recommend:

- **Using the upright bike, without using resistance.** You may start resistance at week 6 or later in therapy.
- **Using the elliptical machine,** once allowed by your therapist.
- **Swimming using a pull buoy** if you do not have hip pain in the back of the leg. Aquatic or water therapy can be very helpful in muscle strength while your hip heals.

Check your progress

Phase 2 start date:

Phase 2 completed:

SAFETY TIPS

To keep you safe:

- **Do NOT** sit for more than 2 hours.
- **Do NOT** do sit-ups or other exercises that use the legs to strengthen core muscles.
- **Do NOT** walk on a treadmill.
- **Do NOT** twist, pivot, lift or carry more than 10 pounds for the first 6 weeks after surgery. Talk to your therapist about your weight limit.

See pages 6 and 7 of this book for more safety tips.
**Thomas position hip flexor stretch**

Lie on your back for this exercise. Then slide your hips down to the edge of the table. You can do this exercise alone or with a therapist.

Raise your non-surgery leg to your chest by holding it behind the knee or have the therapist hold it. Allow the surgery leg to relax off of the table. You will feel a stretch in the upper thigh of the surgery leg. Hold this position for 30 seconds. Repeat the exercise 3 times.

**Half kneeling hip flexor stretch**

Start in a half kneeling position with the knee of the surgery leg on the floor or treatment table. Keep your body upright. Keep core muscles in the stomach tight. Tuck your tailbone under to do a posterior pelvic tilt. (see page 18 for this exercise). Hold the position for 30 seconds. Repeat the exercise 3 times.

You will feel a stretch in the front of the surgery hip and upper thigh.

NOTE: When the stretch feels “normal”, as it does in the non-surgery leg, your therapist may recommend turning your upper body away from the surgery leg as part of the stretch.
Standing IT band stretch

Start in a standing position with your surgery leg crossed behind your non-surgery leg. Stretch the arm on the surgery side over your head. Hold 30 seconds, repeat 3 times.
- For the right hip: Right leg in back, right arm stretched overhead.
- For the left hip: Left leg in back, left arm stretched overhead.
You will feel a stretch on the outside thigh of the surgery leg.

Hamstring stretch

This exercise can be done sitting or standing. This stretch can be done with a step or stair or standing on the floor.

Keep your back and knees straight. Bend forward at your hips for this exercise.

Hold this stretch for 30 seconds. You will feel a stretch on the back of the thigh. Do NOT stretch to the point of pain or pinching.

Repeat the exercise 3 times.
**Quadruped**

Start this exercise on your hands and knees. Keep your core muscles tight so that your back is straight. Using your upper body for support and balance, lift one leg.

The start position can also be done on your elbows and knees to reduce back strain.

**Bridge progression: marching**

Lie on your back with your knees bent. Dig your heels into the surface for support. Clasp your hands and hold them straight out in front of you. Tighten your core muscles to support the back and body. Lift your hips off of the treatment table. Hold the position for several seconds.

Now, lift one of your legs off of the table. It is important to keep your core muscles tight to support your back and body. Hold the position and return to start. Then switch and repeat with the other leg.
Bridge progression: single leg

A variation of the bridge is to hold the non-surgery leg with both hands. Tighten core muscles to support the back and body.

Lift the hips off of the table and hold the position for several seconds before returning to start. This helps to strengthen the surgery leg, but the exercise can be done to strengthen both legs.

Bridge progression: with ball

A variation of the bridge uses an exercise ball. Choose a ball that fits your body size.

Have your therapist or someone hold the ball for you when doing this exercise for your safety.

Most of the lower leg should be resting against the exercise ball. Using your shoulders and upper back for stability, tighten your core muscles. Lift your hips while resting your legs on the exercise ball. Hold the position for a few seconds and return to start.
Active FABER slide

Lie on your back.

Slide the foot of your surgery leg up the inside to the knee of your non-surgery leg. This is similar to the passive Faber slide (see page 26 for this exercise). Do NOT force the knee of your surgery knee toward the table. Allow it to fall out to feel a comfortable stretch. If you feel pain or pinching tell your therapist.
Steamboats

Steamboats are a series of exercises that build stability in your hip joint.

You will need a circular theraband or resistance band for this exercise. The band will be attached to a sturdy object, such as a table leg.

**Stand on your surgery leg for this set of exercises.**

Keep your core muscles tight and move your non-surgery leg in four directions as shown.

- The starting position may be different for each movement with the band.
- Loop one band end around the non-surgery leg.
- You may use a chair, wall or pole to hold onto for balance during this exercise.
- Do 3 sets of 10 to 15 repeats for this exercise.
Ball wall squats

You will need a stability or exercise ball. Place the ball between your back and the wall. Place your feet shoulder width apart.

NOTE: When doing squats, only go down as low as is comfortable. **If you feel pinching, you are squatting down too low.**

Keep your core muscles tight and slowly squat down like you are sitting in a chair. Then stand and return to the start position. Keep your knees over your ankles when doing squats. Do NOT allow your feet to turn in or out when doing this exercise. Do 3 sets of 10 to 15 repeats for this exercise.

Posterior squats

Once the ball squat feels easy, do this exercise. **For safety, you may choose to place a chair behind you.**

With your feet shoulder width apart, squat down like you are sitting in a chair.

Keep your core muscles tight and keep your knees over your ankles when doing this exercise. Do NOT allow feet to turn in or out when doing this exercise. Do 3 sets of 10 to 15 repeats for this exercise.
Step and hold

Stand in front of a mirror for this exercise. The goal is to balance on your surgery leg for 3 to 5 seconds. When you first start this exercise, bring the knee of your non-surgery leg off of the ground a few inches. Keep your balance when doing this exercise.

As you improve in the exercise, work to lift the knee higher while balancing on the surgery leg 3 to 5 seconds. Note: When holding the knee as it is raised, do NOT let the knee move in or out. Keep the knee over the foot for this exercise. Do 3 sets of 10 to 15 repeats for this exercise.

Staying motivated when exercising

- **Start each therapy session with a goal.** Having a goal will keep you focused when exercising. It may be keeping the body in correct position, increasing the degree of challenge for a position or the number of repetitions. It is okay to choose a different goal each day as long as the goal keeps you moving forward with the exercise program.

- **Keep track of your progress.** Small gains may be felt in how you move before and after exercise, or your ability to put weight on the surgery leg from one day to the next. You may have better balance, strength and/or flexibility.

- **Reward yourself for sticking with the exercise program.** There may be days when you don’t want to exercise or are having trouble with positions and get frustrated. Think of a small reward that would make you feel better, such as calling a friend, watching a favorite TV show or movie, being able to walk without pain around the neighborhood, or making a small low-calorie smoothie---after your exercises are finished.
**Single leg balance with theraband front pull**

You will need a resistance band or theraband for this exercise. Attach one end of the band to a table or door at chest level. Focus on balance and control when pulling on the band. This exercise can increase in difficulty based on the amount of resistance in the band.

Balance on your surgery leg and pull the band towards you and squeeze your back muscles. Slowly release and return to the start position. Do 3 sets of 10 to 15 repeats for this exercise.

**Single leg balance with crossbody theraband pull**

You will need a resistance band or theraband for this exercise. Attach one end of the band to a table or door at chest level. Focus on balance and control when pulling on the band.

Turn to the side so that your surgery leg is closest to where the band is attached to the non-moving object. Pull the band with both hands across the body. Do 3 sets of 10 to 15 repeats for this exercise.

**NOTE:** If you feel strain in your knee when doing this exercise, or if you do not feel your hip muscles working, do the exercise with bent arms.
**Roman deadlift**

**Start this exercise without free weights**
until you are comfortable with the exercise. Stand with your feet hip width apart. Extend your non-surgery leg behind you and lift it off of the floor.

**Sidestepping with theraband**

You will need a circular band for this exercise. The theraband can be tied at the ends to make a circle. The exercise can be done with the band above the knee, at the ankles or around the middle of the foot. The farther the band is placed from your hips, the more challenging the exercise.

Keep a slight bend in your surgery knee as it supports the body. Bend forward at the hips and keep the back straight. Only bend forward as far as you can without rounding your back. Do 3 sets of 15 repeats for this exercise.

Stand with your knees slightly bent. Keep your feet and knees pointed forward and slowly step sideways. Do side steps to the left and right. Do 3 sets of 10 to 15 repeats for this exercise in each direction.
**Posterior reaches with theraband**

You will need a circular band or theraband for this exercise. The theraband can be tied at the ends to make a circle.

Start in a standing position with your knees slightly bent. Place the band around the ankles.

Step back with one foot at a 45 degree angle. Return back to the start position. Do 3 sets of 10 to 15 repeats for this exercise.

**Lateral step downs**

You will need a low step for this exercise. A bottom stair may also be used if you do not have a step.

Stand on the step with your weight on your surgery leg. Place your foot parallel to the edge of the step.

Bend the knee of your surgery hip and lower the other foot to the ground. Go low enough so that the heel taps the ground. Straighten the knee and return to the start position. Keep hips level and do NOT let the knee of the surgery leg go past the toes for safety. Do 3 sets of 10 to 15 repeats for the exercise.
Advances for Phase 2

**Straight leg raise**

Lie on your back with your surgery leg straight. Bend the knee of your non-surgery leg and place your foot flat on the table. Keep core muscles tight so that your back stays flat on the surface for this exercise.

Start by squeezing the muscles on top of the thigh so that your knee stays straight. Lift the surgery leg to the height of the bended knee. Slowly lower the leg with controlled movement. Do 3 sets of 10 to 15 repeats for this exercise.

**NOTE:** If you feel any pain in the front of the hip, do NOT do this exercise.

**Adductor towel slides**

You will need a slider or towel for this exercise. Place the slider under your surgery leg. Stand with your weight on your non-surgery leg with a slight bend in the knee. Tell your therapist if you need a pole to help with balance during this exercise.

Slide the surgery leg out to the side and then back to start position. Use your inner thigh muscle do to this exercise. Do 3 sets of 10 to 15 repeats for this exercise.
Modified prone plank

Lie on your stomach and bend your knees to 90 degrees so your feet are in the air. Place your elbows under your shoulders for support and rest your weight on your forearms.

Keep your core muscles tight for this exercise. Lift your hips off of the surface so you are on your knees and forearms. Hold the position as long as you can, working up to holds of 20 seconds. Do 3 sets of this exercise. Do NOT let your back sag doing this exercise.

Progress to full prone plank

Start full planks when you can hold the modified position at least 20 seconds without any pain. Lie on your stomach. Place your elbows under your shoulders for support and rest your weight on your forearms. Place the tips of your toes on the table for support.

Keep your core muscles tight for this exercise. Lift your hips off of the surface so you are supported by your forearms and tips of your toes. Hold the position as long as you can, working up to holds of 20 seconds. Do 3 sets of this exercise. Do NOT let your back sag doing this exercise.
**Modified side plank**

Lie on your side for this exercise. With your elbow under your shoulder, prop up your body. Place your hand on your hip. Keep your **core muscles tight** for this exercise.

Lift your hips off of the table so that your body is in a straight line from shoulder to knees. Hold the position as long as you are able, working to holds of 20 seconds at a time. Return to the start position. Do 3 sets of this exercise on both sides of the body.

**Progress to full side plank**

Start full planks when you can hold at least **20 seconds without any pain**. Lie on your side for this exercise. With your elbow under your shoulder, prop up your body. Place your hand on your hip. Keep your **core muscles tight** for this exercise.

Lift your hips off of the table so that your body is in a straight line from shoulder to feet. Hold the position as long as you are able, working to hold of 20 seconds at a time. Return to the start position. Do 3 sets of this exercise on both sides of the body.
**Split squats/lunges**

Start in a standing position. Place your hands on your hips for this exercise to keep hips level and in line.

**NOTE:** Only lunge as far as is comfortable. If you have pain or pinching, you are going too low for this exercise.

Step forward with your surgery leg and lower your hips to the floor in a lunge position. Keep your knee over your foot. Push off the heel of your surgery leg to return to the start position.

**Ready to move to phase 3?**

Check your progress through phase 2 by completing this checklist:

- I can do a squat with proper form and without pain.
- I can sit for more than one hour without pain.
- My hip does not feel tight or more painful when I walk at a brisk or fast pace.
- I can do normal activities without pain.

**DO NOT START PHASE 3 UNTIL YOU TALK WITH YOUR PHYSICAL THERAPIST.**

It may take your body more or less time to be ready for the next phase of treatment. When you are ready, ask your physical therapist for the next book in this series: *Therapy Phases 3 and 4.*
This is a list of exercises for phase 2. Your Physical Therapist will mark the exercises (number of sets and the number of repetitions or reps) for each week.

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Therapy Notes

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