

HIP MICROFRACTURE CLINICAL PRACTICE GUIDELINE

Overview

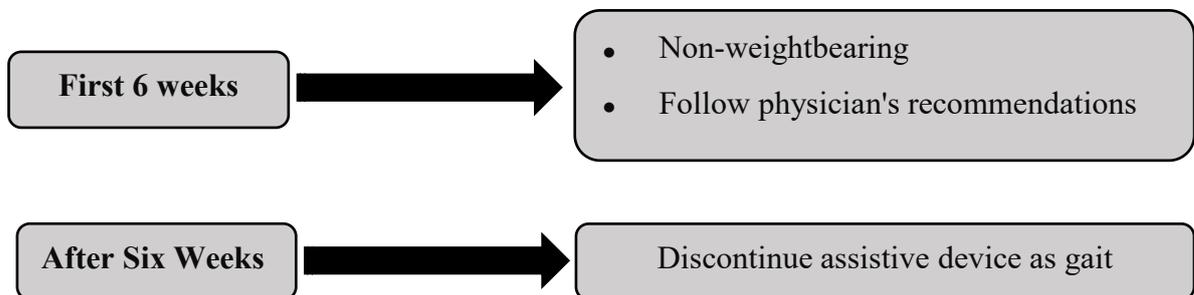
- Progression is time and criterion-based, depending on soft tissue healing, patient demographics, and clinician evaluation.
- For questions, contact Dr. Sujan Gogu's clinic.

Progression Guidelines

Overview

- **Primary Goals**
 - Avoid aggravating inflammatory response
 - Protect fibrocartilage formation

Weightbearing



Range of Motion (ROM)

Repair Type	Allowed Movements (Pain-Free Range)	Restrictions
General Flexion	Flexion	No anterior impingement
Anterior Repair	<ul style="list-style-type: none"> • Extension • External Rotation 	No overpressure
Posterior Repair	<ul style="list-style-type: none"> • Flexion • Adduction • Internal Rotation 	Limit overpressure
Chondroplasty	Follow same parameters as above	

Bracing

- No post-operative bracing unless indicated by surgeon

Additional Guidelines

- Avoid pushing through hip flexor pain/inflammation
- No ballistic or forced stretching

Phase I: Initial Exercise (Weeks 0-6)

Goals

1. Protect repaired tissue
2. Improve ROM
3. Reduce pain and inflammation
4. Prevent muscular inhibition

Precautions

Do not push through hip flexor pain

Exercises (0-2 weeks)

- Passive hip circumduction
- "Belly time"

- Ankle pumps
- **Isometrics:** glut, quad, hamstring, transverse abdominus
- Stationary bike
- Active assisted ROM

Exercises (2-4 weeks)

- Continue previous exercises
- Aquatic therapy
- Progress to resistance exercises 3-way straight leg raises
- Double leg bridges
- Short lever hip flexion
- Half kneeling hip flexor stretch
- Quadruped rocks
- Piriformis stretch
- Clamshells
- Joint mobilizations

Exercises (4-6 weeks)

- Continue previous exercise
- Initiate flexion SLR if pain-free
- Progress resistance exercises
- Sidelying clamshells
- Kneeling hip flexor stretch
- Prone planks
- Joint mobilizations

Criteria for Progression

1. Minimal pain with all Phase I exercises
2. ROM \geq uninvolved side (except ER)
3. Proper muscle firing patterns for initial exercises
4. Full weightbearing allowed

Phase II: Intermediate Exercise (Weeks 7-12)

Goals

1. Protect repaired tissue
2. Restore full ROM
3. Restore normal gait pattern
4. Increase muscle strength

Precautions

- No ballistic/forced stretching
- Avoid painful treadmill use
- Avoid hip flexor/joint inflammation

Exercises

- Stationary bike with resistance
- Elliptical
- Stairclimber
- Manual long axis distraction
- Manual A/P mobilizations
- Mini squats to 45 degrees
- Single leg stance
- Advanced bridging
- Pelvic stability exercises
- Side planks
- Side steps
- Lateral stepdowns
- Partial single leg squats

Criteria for Progression

1. Full ROM
2. Pain-free, normal gait pattern
3. Hip flexion strength > 60% of the uninvolved side
4. Hip add, abd, ext, IR, ER strength > 70% of the uninvolved side

Phase III: Advanced Rehabilitation (Weeks 12-16)

Goals

1. Restore muscular endurance and strength
2. Restore cardiovascular endurance

3. Improve coordination, balance, neuromuscular control

Precautions

- Avoid hip flexor/joint irritation
- No ballistic/forced stretching
- Begin treadmill use gradually
- No contact activity

Exercises

- Lunges
- Lateral agility exercises
- Increased aquatic therapy
- Forward/backward cord exercises
- Side steps with cord
- Running progression

Criteria for Progression

1. Hip flexion strength > 70% of the uninvolved side
2. Hip add, abd, ext, IR, ER strength > 80% of the uninvolved side
3. Cardiovascular fitness returning to pre-injury levels
4. Proper mechanics in initial agility drills

Phase IV: Sport Specific Training (Weeks 17-26)

Goals	Exercises	Criteria for Return to Competition
Return to sport	<ul style="list-style-type: none">• Z-Cuts• W-Cuts• Cariocas• Running progression• Plyometrics• Initial agility drills• Sports-specific drills• Functional tests (LEFS, HOS)	<ol style="list-style-type: none">1. Full pain-free ROM2. Hip strength > 85% of the uninvolved side3. Perform sports-specific drills at full speed without pain4. Functional tests