



Post Operative Core Decompression Rehabilitation Protocol

ROM Restrictions:

- Perform PROM in Patient's PAIN FREE Range

Flexion	Extension	External Rotation	Internal Rotation	Abduction
Limited to: 90 degrees x 2 weeks	Limited to: 0 degrees x 3 weeks	Limited to: 30 degrees @ 90 degrees of hip flexion x 3 weeks 20 degrees in prone x 3 weeks	Limited to: 20 degrees @ 90 degrees of hip flexion x 3 weeks No limitation in prone	Limited to: 30 degrees x 2 weeks

Weight Bearing Restrictions:

- 20% FLAT FOOT Weight Bearing x 4 Weeks

Gait Progression:

- Begin to D/C Crutches at Weeks 4 -6
- Patient may be fully off crutches once gait is PAIN FREE and NON-COMPENSATORY

Patient Precautions:

- NO Active lifting of the surgical leg (use a family member/care taker for assistance/ utilization of the non-operative leg) for approximately 4 weeks
- NO sitting greater than 30 minutes at a time for the first 3 weeks after 10 minutes of not sitting can sit again.
- DO NOT push through pain



Post Op Initial Physical Therapy Visit:

Check List:

Activity/Instruction	Frequency	Completed?
Instructed in ambulation and stairs with crutches and 20% FFWB		
Upright Stationary bike no resistance	20 minutes daily	
Isometrics (quad sets, glut sets, TA activation)	Hold each 5 seconds, 20 times each, 2x/day	

PHASE 1

- Goal: Protect the Joint and Avoid Irritation
- PT Pointers:
 - Goal is symmetric ROM by 6-8 weeks
 - NO Active open chain hip flexor activation
 - Emphasize Proximal Control
 - Manual therapy to be provided 20-30 minutes under the PT discretion

Date of Surgery:	Week	1	2	3	4	5	6
Stationary Bike (20 min, increase time at week 3 as patient tolerates)	Daily	X	X	X	X	X	X
Soft Tissue Mobilization (Specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament)	Under Therapist discretion	X	X	X	X	X	X
Isometrics (quads, glutes, TA)	Daily	X	X				
Diaphragmatic breathing	Daily	X	X				



Quadruped-rocking, pelvic tilts, arm lifts	Daily	X	X	X			
Anterior Capsule Stretches: Surgical Leg off table/Figure 4	Daily			X	X	X	X
Clams/Reverse Clams	Daily	X	X	X			
TA Activation with bent knee fall outs	Daily	X	X	X			
Bridging Progression	5x/week		X	X	X	X	X
Prone Hip ER/IR, Hamstring Curls	5x/week		X	X	X	X	X

PHASE 2

- Goal: Non-Compensatory Gait and Progression
- PT Pointers:
 - Advance ambulation slowly without crutches as patient tolerates and avoid any compensatory patterns
 - Provide tactile and verbal cueing to enable non-compensatory gait patterning
 - Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
 - If MicroFracture was performed, Hold all weight bearing exercises until week 6

Date of Surgery:	Week	3	4	5	6	7	8	9	10
Progress off crutches starting week 4			X	X	X				



Continuation of Soft Tissue Mobilization to treat specific restrictions	2x/week	X	X	X	X	X	X	X	X
Joint Mobilizations anterior glides	2x/week					X	X	X	X
Joint Mobilizations Posterior/ Inferior glides	2x/week			X	X	X	X	X	X
Prone Hip Extension	5x/week	X	X	X					
Tall Kneeling and 1/2 kneeling w/ core and shoulder girdle strengthening	5x/week	X	X	X	X				
Standing weight shifts: side/ side and anterior/ posterior	5x/week	X	X						
Backward and lateral walking no resistance	5x/week	X	X						
Standing double leg 1/3 knee bends	5x/week		X	X	X				
Advance double leg squat					X	X	X	X	X



Forward step ups	5x/week				X	X	X	X	X
Modified planks and modified side planks	5x/week				X	X	X	X	X
Elliptical (begin 3 min, increase as tolerated)	3x/week				X	X	X	X	X

PHASE 3

- Goal: Return the Patient to their pre-injury level
- PT Pointers:
 - Focus on more FUNCTIONAL exercises in all planes
 - Advance exercises only as patient exhibits good control (proximately and distally) with previous exercises
 - More individualized, if the patient demands is higher than the rehab will be longer

Date of Surgery:	Week	8	9	10	11	12	16
Continue soft tissue and joint mobilizations PRN	2x/week	X	X	X	X	X	
Lunges forward, lateral, split squats	3x/week	X	X	X	X	X	X
Side steps and retro walks w/ resistance (begin w/ resistance more proximal)	3x/week	X	X	X	X	X	X
Single leg balance activities: Balance,	3x/week	X	X	X	X	X	X



squat, truck rotation							
Plank and side planks (advance as tolerated)	3x/week	X	X	X	X	X	X
Single leg bridges (advance hold duration)	3x/week	X	X	X	X	X	X
Slide board exercises	3x/week			X	X	X	X
Agility drills (if pain free)				X	X	X	X
Hip rotational activities (if pain free)				X	X	X	X

PHASE 4

- Goal: Return to Sport
- PT Pointer:
 - It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery
 - Perform a running analysis prior to running/cutting/agility
 - Assess functional strength and obtain proximal control prior to advancement of phase 4

Date of Surgery:	Week	16	20	24	28	32
Running		In Alter G	X	X	X	X
Agility			X	X	X	X
Cutting				X	X	X
Plyometrics				X	X	X
Return to sport specific				X	X	X