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**Hip Arthroscopy Rehabilitation  
Labral Debridement with or without FAI Component**

**General Guidelines:**

- Normalize gait pattern with brace and crutches
- Weight-bearing 20 pounds
- Continuous Passive Motion Machine
  - 4 hours/day or 2 hours if on stationary bike for 2 bouts of 20-30 minute sessions

**Physical Therapy Frequency:**

- Seen post-op Day 1
- Seen 2x/week for first month
- Seen 2x/week for second month
- Seen 2-3x/week for third month
- Seen 1-2x /week for fourth month

**Milestone Goals:**

- Increase range of motion
- Strengthening
- Decrease/prevent hip flexor tendinitis

**Precautions following Hip Arthroscopy/FAI: (Debridement/Osteochondroplasty)**

- Weight-bearing will be determined by procedure
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis

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- Manage scarring around portal sites
- Increase range of motion focusing on rotation and flexion

**Guidelines:**

• **Weeks 0-2**

- CPM for 4 hours/day
- Bike for 20-30 minutes/day (can be 2x/day)
- Scar massage
- Hip PROM as tolerated
- Supine hip log rolling for rotation
- Bent Knee Fall Outs
- Hip isometrics - NO FLEXION
  - ABD/ADD/EXT/ER/IR
- Pelvic tilts
- Supine bridges
- NMES to quads with SAQ with pelvic tilt
- Stool rotations /prone rotations
- Stool stretch for hip flexors and adductors
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Gait training PWB with bilateral crutches
- Modalities

• **Weeks 2-4**

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- Continue with previous therex
- Progress Weight-bearing
  - Wean off crutches (2 → 1 → 0) when gait is normalized
- Progress with hip ROM
  - External Rotation with FABER
  - BAPS rotations in standing
  - Hip flexor and ITB – manual and self
- Glut/piriformis stretch
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening – isotonics all directions except flexion
  - Start isometric sub max pain free hip flexion(3-4 wks)
- Step downs
- Clam shells → isometric side-lying hip abduction (may be done in supine position with Theraband if side lying is painful)
- Hip hiking (week 4)
- Begin proprioception/balance training
  - Balance boards, single leg stance
- Bike / Elliptical
- Scar massage
- Bilateral Cable column rotations
- Aqua therapy in low end of water (no treading water) if available
- **Weeks 4-8**

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- Elliptical
  - Continue with previous therex. Progress bike time and resistance.
  - Progress with ROM
    - Hip Joint mobs with mobilization belt into limited joint range of motion
      - Lateral and inferior with rotation
      - Prone posterior-anterior glides with rotation
    - Hip flexor and It-band Stretching – manual and self
  - Progress strengthening LE
    - Introduce hip flexion isotonic (Be aware of hip flexion tendonitis)
    - Multi-hip machine (open/closed chain)
    - Leg press (bilateral → unilateral)
    - Isokinetics: knee flexion/extension
  - Progress core strengthening (avoid hip flexor tendonitis)
    - Prone/side planks
  - Progress with proprioception/balance
    - Bilateral → unilateral → foam → dynadisc
  - Progress cable column rotations –unilateral → foam
  - Side stepping with theraband
  - Hip hiking on Stairmaster
  - Treadmill side stepping from level surface holding on → inclines (week 4) when gluteus medius is with good strength
- **Weeks 8-12**

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- Progressive hip ROM
- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities
- Begin light plyometrics
- **Weeks 12-16**
  - Progressive LE and core strengthening
  - Plyometrics
  - Treadmill running program
  - Sport specific agility drills
- **3,6,12 months Re-Evaluate (Criteria for discharge)**
  - Hip Outcome Score (any minimal score)
  - Pain free or at least a manageable level of discomfort
  - MMT within 10 percent of uninvolved LE
  - Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninvolved
  - Single leg cross-over triple hop for distance:
    - Score of less than 85% are considered abnormal for male and female
  - Step down Test