Hip Arthroscopy Rehabilitation
Labral refixation with or without FAI Component

General Guidelines:
- Limited external rotation to 20 degrees (2 weeks)
- No hyperextension (4 weeks)
- Normalize gait pattern with brace and crutches
- Weight-bearing as per procedure performed
- Continuous Passive Motion Machine
  - 4 hours/day or 2 hours if on bike stationary bike for 2 bouts of 20-30 minutes if tolerated

Rehabilitation Goals:
- 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

Precautions following Hip Arthroscopy/FAI: (Refixation/Osteochondroplasty)
- Weight-bearing will be determined by procedure
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
Increase range of motion focusing on flexion, careful of external rotation, and aggressive extension

Guidelines:

• **Weeks 0-2**
  - NO EXTERNAL ROTATION > 20 degrees
  - CPM for 4 hours/day
  - Bike for 20 minutes/day (can be 2x/day)
  - Scar massage
  - Hip PROM as tolerated with ER limitation
  - Supine hip log rolling for internal rotation/external rotation
  - Progress with ROM
    - Introduce stool rotations/prone rotations
  - Hip isometrics - NO FLEXION
    - Abduction, adduction, extension, ER
  - Pelvic tilts
  - Supine bridges
  - NMES to quads with SAQ with pelvic tilt
  - Quadruped rocking for hip flexion
  - Sustained stretching for psoas with cryotherapy (2 pillows under hips)
  - Gait training PWB with assistive device
  - Modalities

• **Weeks 2-4**
– Continue with previous therex

– Progress Weight-bearing (week 2)
  • Week 3-4: wean off crutches (2 → 1 → 0) if gait is normalized

– Progress with hip ROM
  • Bent knee fall outs (week 4)
  • Stool/prone rotations for ER
  • Stool stretch for hip flexors and adductors

– 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

– Hip Hiking (week 4)

– Begin proprioception/balance training
  • Balance boards, single leg stance

– Bike / Elliptical – progress time resistance

– Scar massage

– Bilateral Cable column rotations (week 4)

– Aqua therapy in low end of water if available

• Weeks 4-8
  – Elliptical
– Continue with previous therapy

– Progress with ROM
  
  • Standing BAPS rotations
  
  • Prone hip rotation ER/IR
  
  • External rotation with FABER
  
  • Hip joint mobs with mobilization belt into limited joint range of motion
    ONLY IF NECESSARY
    
    • Lateral and inferior with rotation
    
    • Prone posterior-anterior glides with rotation
    
    • Hip flexor, glute/piriformis, and IT-band Stretching – manual and self

– Progress strengthening LE
  
  • Introduce hip flexion isotonics (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 good gluteus medius lateral

• **Weeks 8-12**
  - Progressive hip ROM
  - Progressive LE and core strengthening
  - Endurance activities around the hip
  - Dynamic balance activities
  - Light plyometrics
  - Active release therapy

• **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
  - Pain free or at least a manageable level of discomfort
  - MMT within 10 percent of uninolved LE
  - Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninolved
  - Single leg cross-over triple hop for distance:
    • Score of less than 85% are considered abnormal for male and female
  - Step down test