Bryan T. Kelly, MD
Center for Hip Pain and Preservation
Hospital for Special Surgery

Hip Arthroscopy Rehabilitation
Partial Psoas Release with or without FAI Component/ Labral Debridement

General Guidelines:

- Normalize gait pattern with brace and crutches
    - Stress extension phase of gait
- Weight-bearing as per procedure performed
- Continuous Passive Motion
    - 4 hours/day or 2 hours if on stationary bike for 2 bouts of 20-30 minute sessions
    - Usually in more pain

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: (Debridement/Iliopsoas Release)

- Weight-bearing will be determined by procedure
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites and hip flexor region
- Increase range of motion focusing on rotation and flexion

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Guidelines:

- **Weeks 0-2**
  - CPM for 4 hours/day
  - Bike for 20 minutes/day (can be 2x/day)
  - Scar massage to portals and hip flexor tendon
  - 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
  - Stool rotations/prone rotations
  - Quadruped rocking for hip flexion
  - Sustained stretching for psoas with cryotherapy (2 pillows under hips)
  - Stool hip flexor and adductor stretch
  - Gait training PWB with bilateral crutches
  - Modalities
- **Weeks 2-4**
  - Continue with previous therex
  - Progress Weight-bearing
    - Wean off crutches (2→ 1→ 0) if gait is normalized

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- Progress with hip ROM
    - External Rotation with FABER
    - BAPS rotations in standing
- 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 (4-5 weeks)
- Step downs
- Clam shells → isometric side-lying hip abduction
- 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

- **Weeks 4-8**
    - Continue with previous therex
    - Progress with ROM
        - Hip Joint mobs with mobilization belt
            - 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 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 5)

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

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- **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 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

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