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

Hip Arthroscopy Rehabilitation
Capsular Shift with or without FAI –Labral Components

General Guidelines:

- No external rotation greater than 30 degrees (in flexion) for 6 weeks, limit external rotation in extension
- No extension greater the 0 degrees for 6 weeks
- Weight bearing 20 pounds
- Normalize gait pattern with brace and crutches for 4 weeks
- Utilize boot or pillows to keep leg from rotating outwards in bed
- Continuous Passive Motion Machine: 4 hours per day

Frequency of Physical Therapy:

- Seen post-op Day 1
- 1x/week for first 6 weeks
- 2x/week for weeks 6-16

Precautions following Hip Arthroscopy/FAI: (Refixation/Osteochondroplasty)

- Weight-Bearing will be determined by procedure
- Hip flexor tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion (within the pain-free range)

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GUIDELINES:

Week 0-2:

- No prone lying
- No external rotation
- CPM for 4 hours/day
- Hip PROM as tolerated with flexion focus
    - IR as tolerated
- Supine hip log rolling for internal rotation
- Hip isometrics - NO Flexion
    - Abduction, extension, external rotation
- Pelvic Tilts in hooklying
- Lower Abdominal isometrics
- Short Arc Quads/ Seated knee extension
- Quadruped rocking for hip flexion
- Gait training PWB with assistive device to normalize gait (with step-to gait)
- Edema massage
- Modalities

Weeks 2-4:

- No prone lying
- Continue with previous therex
- Bike (maintain some knee flexion) 20 minutes per day
- Progress Weight-bearing (week 2)
    - Keep stride length short
- Progress hip ROM
    - Hip ER in flexion (0-30 degrees)
- Progress Core Strengthening (avoid hip flexor tendonitis)
    - Standing Abdominal Set with Upper Extremity Flexion
- Double leg proprioception/balance training week 3-4
- Scar massage

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Weeks 4-6:

- Continue with previous therex
- Progress ROM
- Supine Bridges (limited arc of motion)
- Discontinue Crutches at week 4 – maintain decreased stride length until 6 weeks
- Progress core strengthening
    - Modified side planks against wall with staggered stance
- Soft tissue mobilization

Weeks 6-8

- Progressive hip ROM
- Soft tissue mobilization
- Normalize stride length in gait
- Continue with previous therex
- Progressive core strengthening
    - Side/Front Planks
- Begin unilateral stance balance activities
- Functional Strengthening
    - Reformer or Leg Press
    - Step Downs
    - Hip Hikes

Weeks 8-12

- Progressive hip ROM
- Soft tissue mobilization
- Progressive lower extremity and core strengthening
- Elliptical
- Hip muscle endurance activities
- Dynamic balance activities

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Weeks 12-16

- Progressive lower extremity and core strengthening
- In order to initiate running progression and plyometric training patient must:
    - Demonstrate good control with 8 inch forward step down
    - Demonstrate good control with single leg squat
    - Demonstrate 5/5 hip muscle strength
- Treadmill running progression once criteria have been met
- Sport specific agility drills and plyometrics

Months 3, 6, 12 Re-evaluate (Criteria for discharge)

- Pain free or at least manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Single leg cross-over triple hop for distance
    - Score should indicate >/= 85% limb symmetry
- Step down test
- Single Leg Squat Test

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