

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

Hip Arthroscopy Rehabilitation
Labral Debridement with or without FAI Component

General Guidelines:

- 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

Rehabilitation Goals:

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

Precautions following Hip Arthroscopy/FAI: (Debridement/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 rotation and flexion

Guidelines:

- **Weeks 0-2**
 - CPM for 4 hours/day
 - Bike for 20 minutes/day (can be 2x/day)

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- 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
- Stool rotations (Hip AAROM ER/IR)
- Quadruped rocking for hip flexion
- Sustained stretching for Psoas with Cryotherapy (2 pillows under hips)
- Gait training PWB with bilateral crutches -> Progressing if no increase in symptoms
- Modalities
- **Weeks 2-4**
 - Continue with previous Therex
 - Progress Weight-bearing (**no increase in symptoms or limping**)
 - Wean off crutches (2 → 1 → 0)
 - Progress with hip ROM
 - External Rotation with FABER
 - Prone hip rotations (ER/IR)
 - BAPS rotations in standing
 - Glute/Piriformis stretch

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- 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
- Scar massage
- Bilateral Cable column rotations
- Treadmill side stepping from level surface holding on → inclines (week 4)
- Aqua therapy in low end of water (No treading 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)

535 East 70th St
New York, NY 10021
Tel: 212.606.1159 Fax: 646.797.8865

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- 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
- **Weeks 8-12**
 - Progressive hip ROM
 - Progressive LE and core strengthening
 - Endurance activities around the hip
 - Dynamic balance activities (TRX)
 - Active Release Technique (ART)
- **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

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- 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
- Y Balance Test for distance