



4140 Centennial Hills Boulevard • Casper, WY 82609 • (307) 265-7205

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 than 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 plans against wall with staggered distance
- 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 $\geq 85\%$ limb symmetry
- Step down test
- Single Leg Squat Test