



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

Hip Arthroscopy Rehabilitation Labral Debridement with or without FAI Component

General Guidelines:

- Normalize gait pattern with brace and crutches
- Weightbearing as per procedure performed
- Continuous Passive Motion Machine
 - 4 hours/day or 2 hours if on bike

Rehabilitation Goals:

- Seen postop 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)

- Weightbearing will be determined by procedure
- Hip flexors tendinitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- 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
- 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



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Weeks 2-4

- Continue with previous therex
- Progress weightbearing (**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
- Progress core strengthening (avoid hip flexor tendinitis)
- Progress with hip strengthening – Isotonics all directions except flexion
 - Start isometric sub max pain free hip flexion (3-4 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
- Treadmill side stepping from level surface holding on → inclines (week 4)
- Aqua therapy in low end of water (No treading water)



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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 tendinitis)
 - Multi-hip machine (open/closed chain)
 - Leg press (bilateral → unilateral)
 - Isokinetics: knee flexion/extension
- Progress core strengthening (avoid hip flexor tendinitis)
 - Prone/side planks
- Progress with proprioception/balance
 - Bilateral → unilateral → foam → Dynadisc
- Progress cable column rotations – unilateral → foam
- Side stepping with Thera-Band
- Hip hiking on StairMaster



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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

- Progress 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 crossover triple hop for distance:
 - Score of less than 85 percent is considered abnormal for male and female
- Step down test
- Y Balance Test for distance