

Hip Arthroscopy Rehabilitation Labral Refixation with or without FAI Component

General Guidelines:

- Limited external rotation to 20 degrees (2 weeks)
- No hyperextension (4 weeks)
- Normalize gait pattern with brace and crutches
- Weightbearing as per procedure performed
- Continuous Passive Motion Machine
 - 4 hours/day or 2 hours if on stationary bike for 2 bouts of 20-30 minutes if tolerated

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
- Seen 1-2x/week for fourth month

Precautions following Hip Arthroscopy/FAI (Refixation/Osteochondroplasty)

- Weightbearing will be determined by procedure
- Hip flexors tendinitis
- Trochanteric bursitis
- Synovitis



- Manage scarring around portal sites
- Increase range of motion focusing on flexion, careful of external rotation and aggressive extension

Guidelines:

Weeks 0-2

- NO EXTERNAL ROTATION > 20 degrees
- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x/day)
- Scar massage
- Hip PROM as tolerated with ER limitation
- Supine hip log rolling for internal rotation/external rotation
- Progress with ROM
 - Introduce stool rotations/prone rotations
- Hip isometrics NO FLEXION
 - Abduction, adduction, extension, ER
- Pelvic tilts
- Supine bridges
- NMES to quads with SAQ with pelvic tilt
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with Cryotherapy (2 pillows under hips)
- Gait training PWB with assistive device



- Modalities

Weeks 2-4

- Continue with previous therex
- Progress weightbearing (week 2)
 - Weeks 3-4: Wean off crutches $(2 \rightarrow 1 \rightarrow 0)$ if gait is normalized
- Progress with hip ROM
 - Bent knee fall outs (week 4)
 - Stool/prone rotations for ER
 - Stool stretch for hip flexors and adductors
- 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 progress time resistance
- Scar massage



- Bilateral cable column rotations (week 4)
- Aqua therapy in low end of water if available

Weeks 4-8

- Elliptical
- Continue with previous therex
- Progress with ROM
 - Standing BAPS rotations
 - Prone hip rotation ER/IR
 - External rotation with FABER
 - Hip joint mobs with mobilization belt into joint range of motion ONLY IF NECESSARY
 - ° Lateral and inferior with rotation
 - ° Prone posterior-anterior glides with rotation
 - Hip flexor, glute/piriformis, 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 \rightarrow unilateral)
 - Isokinetics: knee flexion/extension
- Progress core strengthening (avoid hip flexor tendinitis)



- Prone/side planks
- Progress with proprioception/balance
 - Bilateral \rightarrow unilateral \rightarrow foam \rightarrow Dynadisc
- Progress cable column rotations unilateral → foam
 - Side stepping with Thera-Band
 - Hip hiking on StairMaster
- Treadmill side stepping from level surface holding on → inclines (week 4) when good gluteus medius lateral

Weeks 8-12

- Progressive hip ROM
- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities
- Light plyometrics
- Active release therapy

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
- Singe leg crossover triple hop for distance:
 - Score of less than 85 percent is considered abnormal for male and female
- Step down test