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Hip Arthroscopy Rehabilitation

Gluteus Medius Repair with or without Labral Debridement

General Guidelines:

- ❖ Normalize gait pattern with brace and crutches
- ❖ Weight-bearing: 20 lbs for 6 weeks
- ❖ Continuous Passive Motion Machine
 - 4 hours/day or 2 hours if on bike

Rehabilitation Goals:

- ❖ Seen post-op Day 1
- ❖ Seen 1x/week for 6 weeks
- ❖ Seen 2x/week for 6 weeks
- ❖ Seen 2-3x/week for 6 weeks

Precautions following Hip Arthroscopy:

- ❖ Weight-bearing will be determined by procedure
- ❖ Hip flexors tendonitis
- ❖ Trochanteric bursitis
- ❖ Synovitis
- ❖ Manage scarring around portal sites
- ❖ Increase range of motion focusing on flexion
 - No active abduction, IR, or passive ER, adduction (at least 6 weeks)

Guidelines:

Weeks 0-4

- ❖ CPM for 4 hours/day
- ❖ Bike for 20 minutes/day (can be 2x/day)
- ❖ Scar massage
- ❖ Hip PROM
 - Hip flexion to 90 degrees, abduction as tolerated
 - No active abduction and IR
 - No passive ER or adduction (6 weeks)
- ❖ Quadruped rocking for hip flexion
- ❖ Gait training PWB with assistive device
 - ❖ Hip isometrics –
 - Extension, adduction, ER at 2 weeks
- ❖ Hamstring isotonics
- ❖ Pelvic tilts
- ❖ NMES to quads with SAQ

❖ Modalities

Weeks 4-6

- ❖ Continue with previous therex
- ❖ Gait training PWB with assistive device
 - 20 pounds through 6 weeks
 - ❖ Progress with passive hip flexion greater than 90 degrees
 - ❖ Supine bridges
 - ❖ Isotonic adduction
 - ❖ Progress core strengthening (avoid hip flexor tendonitis)
 - ❖ Progress with hip strengthening
 - Start isometric sub max pain free hip flexion(3-4 wks)
 - Quadriceps strengthening
- ❖ Scar massage
- ❖ Aqua therapy in low end of water

Weeks 6-8

- ❖ Continue with previous therex
- ❖ Gait training: increase WBing to 100% by 8 weeks with crutches
- ❖ Progress with ROM
 - Passive hip ER/IR
- ❖ Supine log rolling → Stool rotation → Standing on BAPS
 - Hip Joint mobs with mobilization belt (if needed)
- ❖ Lateral and inferior with rotation
 - ❖ Prone posterior-anterior glides with rotation
- Progress core strengthening (avoid hip flexor tendonitis)

Weeks 8-10

- ❖ Continue previous therex
- ❖ Wean off crutches (2 → 1 → 0)
 - ❖ Progressive hip ROM
- ❖ Progress strengthening LE
- Hip isometrics for abduction and progress to isotonics
- Leg press (bilateral LE)
- Isokinetics: knee flexion/extension
- ❖ Progress core strengthening
- ❖ Begin proprioception/balance
- Balance board and single leg stance
- ❖ Bilateral cable column rotations
 - ❖ Elliptical

Weeks 10-12

- ❖ Continue with previous therex
- ❖ Progressive hip ROM
- ❖ Progressive LE and core strengthening
- Hip PREs and hip machine
- Unilateral Leg press
- Unilateral cable column rotations
- Hip Hiking
- Step downs

- ❖ Hip flexor, glute/piriformis, and It-band Stretching – manual and self
- ❖ Progress balance and proprioception
 - ❖ Bilateral → Unilateral → foam → dynadisc
 - ❖ Treadmill side stepping from level surface holding on progressing to inclines
 - ❖ Side stepping with theraband
- ❖ Hip hiking on stairmaster (week 12)

Weeks 12 +

- ❖ Progressive hip ROM and stretching
- ❖ Progressive LE and core strengthening
- ❖ Endurance activities around the hip
- ❖ Dynamic balance activities
- ❖ Treadmill running program
- ❖ Sport specific agility drills and plyometrics

3-6 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 cross-over triple hop for distance:
 - Score of less than 85% are considered abnormal for male and female
- ❖ Step down test