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Hip Arthroscopy Rehabilitation

Procedure:

- ❖ Scope/ labral debridement/ labral repair / femoral osteochondroplasty/ psoas lengthening/ capsular repair/ capsular plication/ microfracture

General Guidelines:

- ❖ Normalize gait pattern with brace and crutches
- ❖ Stress extension phase of gait (any procedure involving the psoas)
- ❖ No active ER >20 degrees x 3 weeks (labral repair/capsular plication ONLY)
- ❖ Weight-bearing as per procedure performed
 - Any bony work: 20lb WB with crutches x3 weeks
 - Soft tissue work only WBAT with crutches
 - Microfracture: 20lb WB x 6 weeks
- ❖ If psoas release performed expect more initial pain
- ❖ Continuous Passive Motion Machine
 - 4 hours/day or 2 hours if on bike

Rehabilitation Goals:

- ❖ Seen post-op Day 1
- ❖ Seen 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
- ❖ No active ER >20degrees (labral repair only)
- ❖ Bike for 20 minutes/day (can be 2x/day)
- ❖ Scar massage

- Incision portals
- ❖ Soft tissue mobilization
 - Rectus femoris
 - Iliopsoas
 - Glut medius
 - Piriformis
 - Hip adductors
- ❖ Hip PROM within post-op restrictions
- ❖ 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)
- ❖ Quadraped rocking for hip flexion
- ❖ Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- ❖ Gait training PWB with bilateral crutches
- ❖ Modalities

Weeks 2-4

- ❖ Continue with previous therex
- ❖ Progress Weight-bearing
- ❖ Wean off crutches (2 → 1 → 0)
- ❖ Progress with hip ROM as tolerated
 - External Rotation with FABER
 - Prone hip rotations (ER/IR)
 - BAPS rotations in standing
- ❖ Glut/piriformis/HS stretch
- ❖ Progress core strengthening (avoid hip flexor tendonitis)
 - Modified prone plank
 - Prone plank
 - Modified side plank
 - Side plank
- ❖ Progress with hip strengthening – isotonics all directions except flexion
 - Start isometric sub max pain free hip flexion(3-4 wks)
 - Clam shells → isometric side-lying hip abduction
 - Hip Hiking
 - Side leg raise
 - Single leg bridging
 - Double leg 1/3rd knee bends
 - Bilateral cable column rotations
 - Side stepping/retro walking
- ❖ Begin proprioception/balance training
 - Balance boards, single leg stance
- ❖ Bike
- ❖ Scar massage
- ❖ Active release therapy/soft tissue mobs

- ❖ 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
 - 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
- ❖ Advance closed chain strengthening

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
- ❖ 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