



Hip Arthroscopy Rehabilitation Labral Refixation with or without FAI Component

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<p>Weeks 0-2 PT 2x/week HEP daily</p>	<p>Edema and pain control Protect surgical repair</p> <p>Avoid hip flexor tendonitis, trochanteric bursitis, synovitis</p> <p>Manage scar around portal sites</p> <p>Increased ROM focusing on flexion, careful of ER and aggressive extension</p>	<p>PWB with assisted device</p> <p>NO EXTERNAL ROTATION > 20 degrees (2 weeks) NO HYPEREXTENSION (4 weeks)</p> <p>Hip PROM as tolerated with ER limitation</p> <p>Hip Isometrics – NO FLEXION (Abduction, adduction, extension, ER)</p>	<ul style="list-style-type: none"> - CPM for 4 hours/day <ul style="list-style-type: none"> o 0-70 degrees (advance to 0-90 degrees as tolerated) - Bike for 20 minutes/day (can be 2x/day) - Scar massage - Supine hip log rolling for IR/ER - Progress with ROM <ul style="list-style-type: none"> • Introduce stool rotations/ prone rotations - Pelvic tilts - Supine bridges - NMES to quads with SAQ (short arc quads) 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
<p>Weeks 2-4 PT 2x/week HEP daily</p>	<p>Pain control Protect surgical repair</p> <p>Continue with previous therex</p> <p>Avoid hip flexor tendonitis, trochanteric bursitis, synovitis</p> <p>Manage scar around portal sites</p> <p>Increased ROM focusing on flexion, careful of ER and aggressive extension</p>	<p>Week 2: progress weight bearing Week 3-4: wean off crutches (2→1→0) if gait is normalized</p> <p>NO HYPEREXTENSION (4 weeks)</p> <p>Progress with hip ROM</p>	<ul style="list-style-type: none"> - Bent knee fall outs (week 4) - Stool/prone rotations for ER - Stool stretch for hip flexors and adductors - Glut/piriformis stretch - Progress core strengthening (AVOID hip flexor tendinitis) - Progress hip strengthening – isotonic all directions except flexion <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Balance boards • Single leg stance - Bike/ Elliptical - progress time resistance - Scar massage - Bilateral Cable column rotations (week 4) - Aqua thrapy in low end of water if available



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<p>Weeks 4-8 PT 2x/week HEP daily</p>	<p>Continue with previous therex</p> <p>Avoid hip flexor tendonitis, trochanteric bursitis, synovitis</p> <p>Manage scar around portal sites</p> <p>Increased ROM focusing on flexion, careful of ER and aggressive extension</p>	<p>Progress with hip ROM</p> <p>Normalize gait</p>	<ul style="list-style-type: none"> - Elliptical - Hip ROM <ul style="list-style-type: none"> • Standing BAPS rotations • Prone hip rotation ER/IR • ER with FABER • Hip joint mobs with mobilization belt into limited joint range of motion ONLY IF NECESSARY <ul style="list-style-type: none"> - Lateral and inferior with rotation - Prone posterior-anterior glides with rotation • Hip flexor, glute/piroformis, IT band stretching – manual and self - Progress strengthening LE <ul style="list-style-type: none"> • Introduce hip flexion isotonics (AVOID hip flexor tendonitis) • Multi-hip machine (open/closed chain) • Leg press (bilateral → unilateral) • Isokinetics: knee flex/ext - Progress core strengthening: prone/ side planks (AVOID hip flexor tendinitis) - Progress proprioception/ balance: bilateral → unilateral → foam → dynadisc - Progress cable column rotations: unilateral → foam - Side stepping with theraband - Hip hiking on stairmaster - Treatdmill side stepping from level surface holding on → inclines (week 4) when good gluteus medius lateral
<p>Weeks 8-12 PT 2-3x/week HEP daily</p>	<p>Continue with previous therex</p> <p>Avoid hip flexor tendonitis, trochanteric bursitis, synovitis</p>	<p>Progress hip ROM</p>	<ul style="list-style-type: none"> - Progressive hip ROM - Progressive LE and core strengthening - Endurance activities around hip - Dynamic balance activities - Light plyometrics - Active release therapy



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Weeks 12-16
PT 1-2x/week
HEP daily

Continue with previous
therex

- Progressive LE and core strengthening
- Plyometrics
- Treadmill running program
- Sport specific agility drills

Re-Evaluate
at
3, 6, 12
months

Discharge Criteria

- 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 Hamstring peak torque within 15 percent of uninvolved
- Single leg cross-over triple hop for distance
 - score less than 85% considered abnormal for male and female
- Step down test

