



**Hip Arthroscopy Rehabilitation
Labral Repair with or without FAI Component**

General Guidelines:

- No active external rotation for 2 weeks
- Normalize gait pattern with crutches
- Focus early on Glut Max Strengthening
- 20 lbs. Foot Flat Weight Bearing
- “Well-Leg” Stationary Bike for ROM. Quadruped rocking for hip flexion.

Rehabilitation Goals:

- Seen post-op Day 1
- Seen 1x/week for first month
- Seen 2x/week for second month
- Seen 2-3x/week for third month

Precautions following Hip Arthroscopy/FAI: (Refixation/Osteochondroplasty)

- 20 lbs. Foot Flat Weight Bearing
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion, careful of external rotation, and aggressive extension due to capsular repair



Guidelines:

• **Weeks 0-2**

– **For Swelling:**

- Deep belly breathing – 5 deep breaths with full exhale
- Ankle pumps: 10-20 reps, several times per day

– **For Range of Motion:**

- Well-leg stationary bike for 20 minutes/day (can be 2x/day)
- Passive Circumduction – small clockwise and counterclockwise (10-20 reps)
 - Knee bent at 90 and Hip at 90
 - Knee and Hip Straight

(ONLY GENTLE EXTERNAL ROTATION)

- Tummy time (sleeping) 1-4 hrs per day as tolerated
- Prone Windshield Wipers -knees bent for IR (10-20 reps 2-3x/day)
- Supine Reverse Butterflies – knees bent and feet apart move knee in and out slightly (10-20 reps, 2-3x/day) (at 3 weeks can place feet together)
- Quadruped rocking – can initially limit weight on surgical leg and shift more weight to it as WB progresses (10-20 reps 3-5x/day)
- Quadruped Cat /Cows (10-20 reps 2-3x/day)

– **Muscle Activation /Strength:**

Isometric squeezes – 5 second holds, 10 reps each 2-3x/day. Once you have good control in all muscle groups, you can combine them.



- Isolated Glut Max, Hamstring, Quads
- Prone Glut Max re-education: 1. Engage core, 2. Engage glute max to straighten knee, 3. Point toe and lengthen leg – Hold for 5 secs and repeat 10-20 reps 1-2x/day
- Quadruped Glut Max Kickbacks (Start at approx 1 week if tolerated)
 - In quadruped position, holding light theraband (green, blue) ends (one in each hand) hook the theraband around the heel or ball of your foot of the operative leg. Engage your transverse abdominus to stabilize back and pelvis. Kick back using glute max, dragging your operative toe along the ground. Stop when fatigued. Goal 50 reps 1 x/day.
- **Gait / Stair Training**
 - Encourage heel – toe gait pattern with crutches , 20 lb foot flat
 - Stair Training – Up with good leg , Down with surgical leg
- NMES to quads with SAQ
- Quadruped Cat /Cows
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Crutches Foot Flat WB on operative leg
- Modalities
- **Weeks 2-4**
 - Continue with previous therapy exercises
 - Progress Weight-bearing (week 3)
 - Week 3-4: wean off crutches (2 → 1 → 0)



- Progress with hip ROM
 - Bent knee fall outs (week 4)
 - Stool rotations for ER (week 3-4)
- Glut/piriformis stretch
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening – isotonics all directions except flexion
 - Start isometric sub max pain free hip flexion (3-4 wks)
- 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 (week 4)
- Treadmill side stepping from level surface holding on → inclines (week 4)
- Aquatic or Alter-G ambulation (50% WB and progress as tol) and gait progression
- **Weeks 4-8**
 - Continue with therapy exercises
 - Progress with ROM
 - Standing BAPS rotations



- External rotation with FABER
- Hip Joint mobs with mobilization belt
 - 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 isotonic (Be aware of hip flexion tendonitis)
 - 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



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- Dynamic balance activities
- Alter-G or Aquatic Jogging Program starting at 60% at 10 weeks if tolerated
- **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 uninjured LE
 - Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninjured
 - Single leg cross-over triple hop for distance:
 - Score of less than 85% are considered abnormal for male and female
 - Step down test