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Hip Arthroscopy Rehabilitation
Labral Debridement with or without FAI Component

General Guidelines:
- Normalize gait pattern with brace and crutches
- 50% Weight-bearing with crutches/walker, weeks 1-2

Physical Therapy Frequency:
- Seen 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

Milestone Goals:
- Increase range or motion
- Strengthening
- Decrease/prevent hip flexor tendonitis

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**
  - Recumbent/Stationary bike for 20-30 minutes/day (can be 2x/day)
  - Scar massage
  - Hip PROM as tolerated
  - Supine hip log rolling for rotation
  - Hip isometrics- NO FLEXION
    - ABD/ADD/EXT/ER/IR
  - Pelvic tilts
  - Supine bridges
  - SAQ with pelvic tilt
  - Stool rotations/prone rotations
  - Stool stretch for hip flexors and adductors
  - Quadruped rocking for hip flexion
  - Gait training PWB with bilateral crutches
  - Modalities

- **Weeks 2-4**
  - Continue with previous Ther-Ex
  - Progress Weight-bearing
    - Wean off crutches (2→1→0) when gait is normalized
    - Squatting exercises ok (Limit 45 degrees)
  - Progress with hip ROM
    - External Rotating with FABER
    - BAPS rotations in standing
    - Hip flexor and ITB – manual and self
  - 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 ups and downs
  - Clam shells→isometric side-lying hip abduction (may be done in supine position with Theraband if side lying is painful)
  - Begin proprioception/balance training
- Balance boards, single leg stance
  - Bike/Elliptical
  - Scar massage
  - Bilateral Cable column rotations
  - Aqua therapy in deep end of water (no treading water) if available

**Weeks 4-8**

- Elliptical
- Continue with previous Ther-Ex. Progress bike time and resistance.
- Progress with ROM
  - Hip joints mobs with mobilization belt into limited joint range of motion
    - Lateral and inferior with rotations
    - Prone posterior-anterior glides with rotation
  - Hip flexor and IT-band stretching – manual and self
- Progress strengthening LE
  - Introduce hip flexion isotonics (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
- Treadmill side stepping from level surface holding on→inclines (week 4) when gluteus medius is with good strength
• **Weeks 8-12**
  - Progressive hip ROM
  - Progressive LE and core strengthening
  - Endurance activities around the hip
  - Dynamic balance activities
  - Begin light plyometrics

• **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)**
  - Pain free or at least a manageable level of discomfort
  - MMT within 10% of uninvolved LE
  - Single leg cross-over triple hop for distance:
    - Score of less than 85% considered abnormal for male and female
  - Step down Test in 20 seconds at least 90% compared bilaterally