



**McFarland Clinic PC**  
**SPORTS MEDICINE**

**Dr. Bryan Warne, MD**  
**McFarland Clinic**  
**515-239-4263**

**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 – isotonic 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 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
  - 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