



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

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

**General Guidelines:**

- Limited external rotation to 20 degrees (2 weeks)
- No hyperextension (4 weeks)
- Normalize gait pattern with brace and crutches
- 50% Weight-bearing with crutches/walker (2 weeks)
- Recumbent/Stationary bike for 2 bouts of 20-30 minutes daily

**Rehabilitation Goals:**

- 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

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

- 50% Weight-bearing with crutches/walker (2 weeks)
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on rotation and flexion, careful of external rotation, and aggressive extension

## **Guidelines:**

- **Weeks 0-2**
  - NO EXTERNAL ROTATION  $>20^{\circ}$
  - 50% WB with crutches or walker
  - Recumbent/Stationary bike for 20-30 minutes/day (can be 2x/day)
  - Scar massage
  - Progress with ROM
    - Introduce stool rotations/prone rotations
    - Never combined ER/Extension
    - No extension past  $0^{\circ}$
    - No external rotation  $>25^{\circ}$
    - No flexion  $>45^{\circ}$
    - No internal rotation at 90/90
  - Supine hip log rolling for internal rotation/external rotation
  - Hip isometrics- NO FLEXION
    - ABD/ADD/EXT/ER/IR all OK
  - Pelvic tilts
  - Supine bridges
  - SAQ with pelvic tilts
  - Quadruped rocking for hip flexion
  - Gait training PWB with bilateral crutches
  - Modalities
- **Weeks 2-4**
  - Continue with previous Ther-Ex
  - Full weight-bearing as tolerated
  - Progress Weight-bearing (week 2)
    - Week 3-4: wean off crutches (2 $\rightarrow$ 1 $\rightarrow$ 0) when gait is normalized
  - Progress with hip ROM
    - External Rotating with FABER
    - Stool/prone rotations for external rotation
    - Stool stretch for hip flexors and adductors
    - NO hip ext past 0 degrees
  - 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 (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
- 3 weeks: 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
    - OK to stretch past 0 degrees ext. AFTER 6 weeks post op
    - Standing BAPS rotations
    - Prone hip rotation internal rotation/external rotation (FABER)
    - Hip joints mobs with mobilization belt into limited joint range of motion  
ONLY IF NECESSARY
      - 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
  - 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% are considered abnormal for male and female
    - Step down Test in 20 sec R v L