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Hip Arthroscopy Rehabilitation
Labral refixation with or without FAI Component

General Guidelines:

- No active external rotation for 4 weeks
- Normalize gait pattern with brace and crutches
- Weight-bearing as per procedure performed
- Continuous Passive Motion Machine
 - 4 hours/day or 2 hours if on bike

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)

- Weight-bearing will be determined by procedure
- 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

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Guidelines:

• **Weeks 0-2**

- NO EXTERNAL ROTATION > 20 degrees
- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x/day)
- Scar massage
- Hip PROM as tolerated (No ER)
- Supine hip log rolling for internal rotation
- Progress with ROM
 - Introduce stool rotations (AAROM hip IR)
- Hip isometrics - NO FLEXION
 - Abduction, adduction, extension, ER
- Pelvic tilts
- Stool rotations for IR
- Supine bridges
- NMES to quads with SAQ
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Gait training PWB with assistive device
- Modalities

• **Weeks 2-4**

- Continue with previous therex

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- Progress Weight-bearing (week 3)
 - Week 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)
- Aqua therapy in low end of water
- **Weeks 4-8**
 - Continue with previous therex
 - Progress with ROM

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- 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
- **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 uninvolved LE
 - Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninvolved
 - Single leg cross-over triple hop for distance:
 - Score of less than 85% are considered abnormal for male and female
 - Step down test