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Hip Arthroscopy Rehabilitation
Partial Psoas Release with or without FAI Component/ Labral Debridement

General Guidelines:

- Normalize gait pattern with brace and crutches
 - Stress extension phase of gait
- Weight-bearing as per procedure performed
- Continuous Passive Motion
 - 4 hours/day or 2 hours if on bike
- Usually in more pain

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: (Debridement/Iliopsoas Release)

- Weight-bearing will be determined by procedure
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites and hip flexor region
- Increase range of motion focusing on rotation and flexion

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Guidelines:

• **Weeks 0-2**

- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x/day)
- Scar massage to portals and hip flexor tendon
- Hip PROM as tolerated
- Supine hip log rolling for rotation
- Bent Knee Fall Outs
- Hip isometrics - NO FLEXION
 - ABD/ADD/EXT/ER/IR
- Pelvic tilts
- Supine bridges
- NMES to quads with SAQ
- Stool rotations (Hip AAROM ER/IR)
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Stool hip flexor stretch
- Gait training PWB with bilateral crutches
- Modalities

• **Weeks 2-4**

- Continue with previous therex
- Progress Weight-bearing

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- Wean off crutches (2 → 1 → 0)
- Progress with hip ROM
 - External Rotation with FABER
 - Prone hip rotations (ER/IR)
 - BAPS rotations in standing
- 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
- 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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- Hip Joint mobs with mobilization belt
 - Lateral and inferior with rotation
 - 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
- **Weeks 8-12**
 - Progressive hip ROM
 - Progressive LE and core strengthening
 - Endurance activities around the hip
 - Dynamic balance activities

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- **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