

Hip Arthroscopy Rehabilitation
Gluteus Medius Repair with or without Labral Debridement
Dr Shane Hanzlik

General Guidelines:

- Normalize gait pattern with brace and crutches
- Weight-bearing: 20 lbs for 6 weeks
- Continuous Passive Motion Machine
 - 4 hours/day or 2 hours if on bike

Rehabilitation Goals:

- Seen post-op Day 1
- Seen 1 x/week for 6 weeks
- Seen 2x/week for 6 weeks
- Seen 2-3x/week for 6 weeks

Precautions following Hip Arthroscopy:

- 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
 - No active abduction, IR, or passive ER, adduction (at least 6 weeks)

Guidelines:

Weeks 0-4

- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x/day)
- Scar massage
- Hip PROM
 - Hip flexion to 90 degrees, abduction as tolerated
 - No active abduction and IR
 - No passive ER or adduction (6 weeks)
- Quadruped rocking for hip flexion
- Gait training PWB with assistive device
 - Hip isometrics -
 - Extension, adduction, ER at 2 weeks
- Hamstring isotonic
- Pelvic tilts
- NMES to quads with SAQ
- Modalities

Weeks 4-6

- Continue with previous therapy
- Gait training PWB with assistive device
- 20 pounds through 6 weeks
 - Progress with passive hip flexion greater than 90 degrees
 - Supine bridges
 - Isotonic adduction
 - Progress core strengthening (avoid hip flexor tendonitis)

- Progress with hip strengthening
 - Start isometric sub max pain free hip flexion (3-4 wks)
- Quadriceps strengthening
- Scar massage
- Aqua therapy in low end of water

Weeks 6-8

- Continue with previous therex
- Gait training: increase WBing t 100% by 8 weeks with crutches
- Progress with ROM
 - Passive hip ER/IR
- Supine log rolling -> Stool rotation -> Standing on BAPS
 - Hip Joint mobs with mobilization belt (if needed)
- Lateral and inferior with rotation
 - Prone posterior-anterior glides with rotation
- Progress core strengthening (avoid hip flexor tendonitis)

Weeks 8-10

- Continue previous therex
- Wean off crutches (2 -> 1 -> 0)
 - Progressive hip ROM
- Progress strengthening LE
- Hip isometrics for abduction and progress to isotonic
- Leg press (bilateral LE)
- Isokinetics: knee flexion/extension
- Progress core strengthening
- Begin proprioception/balance
- Balance board and single leg stance
- Bilateral cable column rotations
 - Elliptical

Weeks 10-12

- Continue with previous therex
- Progressive hip ROM
- Progressive LE and core strengthening
- Hip PREs and hip machine
- Unilateral Leg press
- Unilateral cable column rotations
- Hip Hiking
- Step downs
- Hip flexor, glute/piriformis, and It-band Stretching - manual and self
- Progress balance and proprioception
 - Bilateral -> Unilateral -> foam -> dynadisc
 - Treadmill side stepping from level surface holding on progressing to inclines
 - Side stepping with theraband
- Hip hiking on stair-master (week 12)

Weeks 12 +

- Progressive hip ROM and stretching
- Progressive LE and core strengthening

- Endurance activities around the hip
- Dynamic balance activities
- Treadmill running program
- Sport specific agility drills and plyometrics

3-6 months Re-Evaluate (Criteria for discharge)

- Hip Outcome Score
- Step down test
- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninjured LE
- Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninjured
- Single leg cross-over triple hop for distance:
 - Score of less than 85% are considered abnormal for male and female