

## **Hip Arthroscopy Rehabilitation**

**Dr Shane Hanzlik**

### **Procedure:**

Scope/ labral debridement/ labral repair / femoral osteochondroplasty/ psoas lengthening/ capsular repair/ capsular plication/ microfracture

### **General Guidelines:**

- \* Normalize gait pattern with brace and crutches
- \* Stress extension phase of gait (any procedure involving the psoas)
- \* No active ER >20 degrees x 3 weeks (labral repair/capsular plication ONLY)
- \* Weight-bearing as per procedure performed
  - Any bony work: 20lb WB with crutches x3 weeks
  - Soft tissue work only WBAT with crutches
  - Microfracture: 20lb WB x 6 weeks
- \* If psoas release performed expect more initial pain
- \* Continuous Passive Motion Machine
  - 4 hours/day or 2 hours if on bike

### **Rehabilitation Goals:**

- \* Seen post-op Day 1
- \* Seen 2x/week for first month
- \* Seen 2x/week for second month
- \* Seen 2-3x/week for third month

### **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**

- \* CPM for 4 hours/day
- \* No active ER >20degrees (labral repair only)
- \* Bike for 20 minutes/day (can be 2x/day)
- \* Scar massage
  - Incision portals
- \* Soft tissue mobilization
  - Rectus femoris
  - Iliopsoas
  - Glut medius
  - Piriformis
  - Hip adductors

- \* Hip PROM within post-op restrictions
- \* 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)
- \* Gait training PWB with bilateral crutches
- \* Modalities

### **Weeks 2-4**

- \* Continue with previous therex
- \* Progress Weight-bearing
- \* Wean off crutches (2 -> 1 -> 0)
- \* Progress with hip ROM as tolerated
  - External Rotation with FABER
  - Prone hip rotations (ER/IR)
  - BAPS rotations in standing
- \* Glut/piriformis/HS stretch
- \* Progress core strengthening (avoid hip flexor tendonitis)
  - Modified prone plank
  - Prone plank
  - Modified side plank
  - Side plank
- \* Progress with hip strengthening – isotonic all directions except flexion
  - Start isometric sub max pain free hip flexion(3-4 wks)
  - Clam shells -> isometric side-lying hip abduction
  - Hip Hiking
  - Side leg raise
  - Single leg bridging
  - Double leg 1/3rd knee bends
  - Bilateral cable column rotations
  - Side stepping/retro walking
- \* Begin proprioception/balance training
  - Balance boards, single leg stance
- \* Bike
- \* Scar massage
- \* Active release therapy/soft tissue mobs
- \* Treadmill side stepping from level surface holding on -> inclines (week 4)
- \* Aqua therapy in low end of water (No treading water)

### **Weeks 4-8**

- \* Continue with previous therex

- \* Progress with ROM
- \* 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
  - 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
- \* Advance closed chain strengthening

### ***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