

**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
- Weight-bearing as per procedure performed
- Continuous Passive Motion Machine
  - 4 hours/day or 2 hours if on bike stationary bike for 2 bouts of 20-30 minutes if tolerated

**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
- Seen 1-2x/week for fourth 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

**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 with ER limitation
- Supine hip log rolling for internal rotation/external rotation
- Progress with ROM
  - Introduce stool rotations/prone rotations
- Hip isometrics - NO FLEXION
  - Abduction, adduction, extension, ER
- Pelvic tilts
- Supine bridges
- NMES to quads with SAQ with pelvic tilt
- 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 therapy
- Progress Weight-bearing (week 2)
  - Week 3-4: wean off crutches (2 → 1 → 0) if gait is normalized
- Progress with hip ROM
  - Bent knee fall outs (week 4)
  - Stool/prone rotations for ER
  - Stool stretch for hip flexors and adductors
- Glut/piriformis stretch
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening – isotonic 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 – progress time resistance
- Scar massage
- Bilateral Cable column rotations (week 4)
- Aqua therapy in low end of water if available

- **Weeks 4-8**
  - Elliptical
  - Continue with previous therex
  - Progress with ROM
    - Standing BAPS rotations
    - Prone hip rotation ER/IR
    - External rotation with FABER
    - Hip joint mobs with mobilization belt into limited joint range of motion  
ONLY IF NECESSARY
      - 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

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- Side stepping with theraband
- Hip hiking on Stairmaster
- Treadmill side stepping from level surface holding on → inclines (week 4) when good gluteus medius lateral
- **Weeks 8-12**
  - Progressive hip ROM
  - Progressive LE and core strengthening
  - Endurance activities around the hip
  - Dynamic balance activities
  - 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)**
  - 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:



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- Score of less than 85% are considered abnormal for male and female
- Step down test