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**Rehabilitation for Arthroscopic Osteochondroplasty with or without Labral
Repair/Debridement**

General Guidelines:

- Normalize gait pattern with brace and crutches
- Continuous Passive Motion Machine
 - 4 hours/day or 2 hours if on stationary bike for 2 bouts of 20-30 minutes if tolerated

Frequency of Physical Therapy:

- Seen post-op Day 10-14, ideally
- Seen 1-2x/week for 6 weeks
- Seen 2-3x/week for 6 weeks
- Seen 1-2x/week for 6 weeks (if needed)

Precautions following Hip Arthroscopy:

- Weight-bearing as tolerated. Avoid antalgic gait.
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion (No flexion resistance for first 6 weeks)
 - No active IR, or passive ER (4-6 weeks)

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Guidelines:

• **Weeks 0-4**

- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x/day) as tolerated
- Scar massage
- Hip PROM
 - Hip flexion as tolerated, abduction as tolerated
 - Log roll
 - No active IR
 - No passive ER (4 weeks)
 - Stool stretch for adductors
- Quadruped rocking for hip flexion
- Gait training PWB with assistive device, WB restrictions based on pain and abnormal gait only.
- Hip isometrics -
 - Extension (limit to neutral), abduction, adduction, ER at 2 weeks. No resisted hip flexion
- Hamstring isotonic, limit hip extension to neutral
- Pelvic tilts, bridges, bird-dogs if tolerated
- NMES to quads with SAQ
- Modalities

• **Weeks 4-6**

- Continue with previous Ther-Ex

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- Goal of normal gait
- Stool rotations IR/ER (20 degrees)
- Supine bridges, bird-dogs, dead bugs. Goal is pelvic control.
- Isotonic adduction
- May begin short arc, closed chain strength for LE. Step ups, Mini squats, 4 way hip, leg press, etc.
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening
 - Start isometric sub max (gravity only), pain free hip flexion(4 weeks)
 - Quadriceps strengthening
- Scar massage
- Aqua therapy in low end of water
- Weight shifts to begin proprioception, single leg as tolerated
- **Weeks 6-8**
 - Continue with previous Ther-Ex
 - Progress with ROM, goal of full ROM by 8 weeks. Patient will probably feel subjective tightness with extension and ER
 - Passive hip ER/IR
 - Stool rotation ER/IR as tolerated → Standing on BAPS → prone hip ER/IR
 - Hip Joint mobs with mobilization belt (if needed)
 - Lateral and inferior with rotation
 - Prone posterior-anterior glides with rotation

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- Progress core strengthening (avoid hip flexor tendonitis). Planks okay.
- Proprioception, begin with dominant plane of motion.
- Glute strength and lumbar extensor strength, may extend hip past neutral
- Continue to progress arc with closed chain strength for LE. Step ups, Mini squats, 4 way hip, leg press, etc.
- **Weeks 8-10**
 - Continue previous Ther-Ex
 - Progressive hip ROM. Okay to stretch anterior capsule if tight.
 - Progress strengthening LE
 - Hip strength and endurance. Focus abduction, ER, and hip extensors
 - Leg press (single leg eccentrics okay at this time)
 - Continue CKC strength progressing to full arc. May introduce lateral CKC strength as tolerated, no pivoting on hip.
 - Progress core strengthening. May begin multi-planar movements.
 - Continue proprioception/balance
 - Balance board and single leg stance on unstable surface as tolerated.
 - Bilateral cable column rotations
 - Elliptical, minimal resistance
- **Weeks 10-12**
 - Continue with previous Ther-Ex
 - Maintain hip ROM
 - Progressive LE and core strengthening

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- Unilateral Leg press
- Unilateral cable column rotations
- Eccentric step downs
- Hip flexor, glute/piriformis, and It-band Stretching – manual and self
- Progress balance and proprioception, with weight and/or reistance
 - Bilateral → Unilateral → foam → dynadisc
- Treadmill side stepping from level surface holding on progressing to inclines when gluteus medius is with good strength
- Hip hiking on stairmaster (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
 - Triple extension exercises and Olympic lifts okay at this time.
- **3-6 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

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- Step down test