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**Hip Arthroscopy Rehabilitation
Partial Psoas Release with or without FAI Component with Labral refixation**

General Guidelines:

- Limited ER 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 on stationary bike for 2 bouts of 20-30 minute sessions

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 and hip flexor region

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- 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 as tolerated
- 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
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Gait training PWB with assistive device
- Modalities

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- **Weeks 2-4**

- Continue with previous therex
- Progress Weight-bearing (week 3)
 - Week 4: wean off crutches (2 → 1 → 0)
- Progress with hip ROM
 - Bent knee fall outs (week 4)
 - Stool/prone rotations for ER (week 3-4)
- 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 (week 4)
- Treadmill side stepping from level surface holding on → inclines (week 4)
- Aqua therapy in low end of water

- **Weeks 4-8**

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- Continue with previous therex
 - Progress with ROM
 - Standing BAPS rotations
 - External rotation with FABER
 - Hip Joint mobs with mobilization belt
 - 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 isotonics (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

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- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities
- **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