Center for Athletic Medicine
Dr. Preston Wolin
Hip Arthroscopy Rehabilitation
Gluteus Medius Repair with or without Labral Debridement
Adapted from, *Bryan T. Kelly, MD*

~Please call 773.248.4150 with any and all questions~

General Guidelines:

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

Rehabilitation Goals:

- Seen post-op Day 1
- Seen 1x/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 rotation and flexion
    - No active abduction, IR, or passive ER, adduction (at least 6 weeks)

Guidelines:

- Weeks 0-4
    - CPM for 4hours/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 isotonics
    - Pelvic tilts
    - NMES to quads with SAQ
    - Modalities
- Weeks 4-6
    - Continue with previous therex

- Gait training PWB with assistive device
    - 20 lbs 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

- <u>Weeks 6-8</u>
    - Continue with previous therex
    - Gait training: increase Wbing to 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)
- <u>Weeks 8-10</u>
    - Continue previous therex
    - Wean off crutches (2—1 – 0)
    - Progressive hip ROM
    - Progress strengthening LE
        - Hips isometrics for abduction and progress to isotonics
        - 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
- <u>Weeks 10-12</u>
    - 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 down
    - 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 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 drill and plyometrics

- 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
  - Isometric Dynamometry test of Quadriceps and Hamstrings 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