

Center for Athletic Medicine  
*Dr. Preston Wolin*  
Hip Arthroscopy Rehabilitation  
Labral refixation with or without FAI Component  
Adapted from, *Bryan T. Kelly, MD*

~Please call 773.248.4150 with any and all questions~

General Guidelines:

- No active external rotation for 4 weeks
- Normalize gait pattern with brace and crutches
- Weight-bearing as per procedure performed
- Continuous Passive Motion Machine
  - o 4 hours/day or 2 hours if on bike

Rehabilitation Goals:

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

Precautions following Hip Arthroscopy/FAI: (Refixations/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 4hours/day
  - Bike for 20 minutes/day (can be 2x/day)
  - Scar massage
  - Hip PROM as tolerated (No ER)
  - Supine hip log rolling for rotation
  - Progress with ROM
    - Introduce stool rotations (AAROM hip IR)
  - Hip Isometrics - NO FLEXION
    - Abduction, adduction, extension, ER
  - Pelvic tilts
  - Stool rotations
  - 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
- 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 rotations for ER (week 3 — 4)
  - 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
  - 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
  - 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 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
  - 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
- 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
  - 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