

## POST OP Hip Arthroscopy- Labral Debridement

### General Guidelines

Normalize gait pattern  
Weight-bearing as per procedure performed  
Continuous passive motion  
4 hours a day or 2 hours if on bike

### Rehabilitation Goals

Seen 2x a week for first month  
Seen 2x a week for second month  
Seen 2-3x a week for third month if needed

### Precautions Following Hip Arthroscopy

Hip flexors tendonitis  
Trochanteric bursitis  
Synovitis  
Manage scarring around portal sites  
Increase range of motion focusing on rotation and flexion

### Weekly Timeline (Weeks 0-2)

Bike for 20 minutes a day (can be 2x a day)  
Hip PROM as tolerated (No ER)  
Supine hip log rolling for rotation  
Flexed knee full outs  
Hip isometrics – NO FLEXION  
ABD/ADD/EXT/ER/IR  
Pelvic tilts  
Supine bridges  
Stool rotations ( Hip AAROM ER/IR )  
Quadruped rocking for hip flexion  
Sustained stretching for psoas with cryotherapy ( 2 pillows under hips )  
Gait training PWB with bilateral crutches  
Modalities

### (Weeks 2-4)

Continues with previous therapies  
Progress Weight-bearing  
Wean off crutches ( 2 ® 1® 0 )  
Progress with hip ROM  
External rotation with FABER  
Prone hip rotations (ER/IR)  
BAPS rotations in standing  
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 weeks )  
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  
Treadmill side stepping from level surface holding on ® inclines ( week 4 )  
Aqua therapy in low end water

**(Weeks 4-8)**

Continue with previous therapies  
Progress with ROM  
Standing BAPS rotation  
External rotation with FABER  
Hip joint mobs with mobilization belt  
Lateral and inferior with rotation  
Prone posterior-anterior glides with rotation  
Hip flexor 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)  
Pain free or at least a manageable level of discomfort  
MMT within 10% of uninvolved LE  
Biodex test of Quadriceps and Hamstrings peak torque within 15% of uninvolved  
Single leg cross-over triple hop for distance  
Scores of less than 85% are considered abnormal for males and females  
Step down test

Frequency:  1x/wk  2x/wk  3x/wk.  4x/wk.  5x/wk.

Duration:  1 week  2 weeks  3 weeks  4 weeks  5 weeks  6 weeks