

## POST OP Hip Arthroscopy- Labral Repair

### 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  
4 hours daily 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: (Refixation/Osteochondroplasty)

Hip flexors tendonitis  
Trochanteric bursitis  
Synovitis  
Manage scarring around portal sites  
Increase ROM focusing on flexion, careful of ER and aggressive extension

### Weekly Timeline: (Weeks 0-2)

NO EXTERNAL ROTATION >20°  
Bike for 20 minutes per day (can be 2x/day)  
Hip PROM as tolerated (NO ER)  
Supine hip log rolling for rotation  
Progress with ROM  
Introduce stool rotation (AAROM hip IR)  
Hip isometrics – NO FLEXION  
Abduction/adduction, extension, ER  
Pelvic tilts  
Stool rotations for IR  
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)

Continues with previous therapies  
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 (weeks 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 flexion (3-4 weeks)  
Step downs  
Clam shells ® isometric side-lying hip abduction

Hip hiking (week 4)  
 Begin proprioception/balance training  
 Balance boards and 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 water

**(Week 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, 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 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 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