

POST OP Hip Arthroscopy- Gluteus Medius Repair with La

General Guidelines

Normalize gait pattern with brace and crutches
Weight-bearing: 20 lb for 6 weeks
Continuous passive motion
4 hours a day or 2 hours if on bike

Rehabilitation Goals

Seen 1x a week for 6 weeks
Seen 2x a week for 6 weeks
Seen 2-3x a 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 flexion
No active abduction, IR or passive ER, adduction (at least 6 weeks)

Weekly Timeline (Weeks 0-4)

Bike for 20 minutes a day (can be 2x a day)
Scar massage
Hip PROM
Hip flexion to 90°, 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 isotonic
Pelvic tilts
NMES to quads with SAQ
Modalities

(Weeks 4-6)

Continue with previous therapies
Gait training PWB with assistive device
20 lb through 6 weeks
Progress with passive hip flexion greater than 90°
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 weeks)
Quadriceps strengthening
Scar massage
Aqua therapy low end water

(Weeks 6-8)

Continue with previous therapies
Gait training: increase weight bearing 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)

(Weeks 8-10)

Continue with previous therapies
Wean off crutches (2 ® 1 ® 0)
Progressive hip ROM
Progressive strengthening LE
Hip 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

(Weeks 10-12)

Continue with previous therapies
Progressive hip ROM
Progressive LE and core strengthening
Hip PRE's and hip machine
Unilateral leg press
Unilateral cable column rotations
Hip hiking
Step downs
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)

(Week 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 drills and plyometrics
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% 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