



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

Bike for 20 minutes a day (can be 2x a day)

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)

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 ($2 \otimes 1 \otimes 0$) 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 – isotonics all directions except flexion

Start isometric sub max pain free hip flexion (3-4 weeks)

Step downs

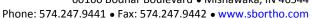
Clam shells ® isometric side-lying hip abduction

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 isotonics (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: \Box	1 week^{\square}	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks