



McFarland Clinic PC
SPORTS MEDICINE

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Hip Arthroscopy Rehabilitation
Labral refixation with or without FAI Component

General Guidelines:

- Limited external rotation to 20 degrees (2 weeks)
- No hyperextension (4 weeks)
- Normalize gait pattern with brace and crutches
- 50% Weight-bearing with crutches/walker (2 weeks)
- Recumbent/Stationary bike for 2 bouts of 20-30 minutes daily

Rehabilitation Goals:

- Seen 2x/week for first month
- Seen 2x/week for second month
- Seen 2-3x/week for third month
- Seen 1-2x/week for fourth month

Precautions following Hip Arthroscopy/FAI: (Refixation/Osteochondroplasty)

- 50% Weight-bearing with crutches/walker (2 weeks)
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on rotation and flexion, careful of external rotation, and aggressive extension

Guidelines:

- **Weeks 0-2**
 - NO EXTERNAL ROTATION $>20^\circ$
 - 50% WB with crutches or walker
 - Recumbent/Stationary bike for 20-30 minutes/day (can be 2x/day)
 - Scar massage
 - Progress with ROM
 - Introduce stool rotations/prone rotations
 - Never combined ER/Extension
 - No extension past 0°
 - No external rotation $>25^\circ$
 - No flexion $> 45^\circ$
 - No internal rotation at 90/90
 - Supine hip log rolling for internal rotation/external rotation
 - Hip isometrics- NO FLEXION
 - ABD/ADD/EXT/ER/IR all OK
 - Pelvic tilts
 - Supine bridges
 - SAQ with pelvic tilts
 - Quadruped rocking for hip flexion
 - Gait training PWB with bilateral crutches
 - Modalities
- **Weeks 2-4**
 - Continue with previous Ther-Ex
 - Full weight-bearing as tolerated
 - Progress Weight-bearing (week 2)
 - Week 3-4: wean off crutches (2 \rightarrow 1 \rightarrow 0) when gait is normalized
 - Progress with hip ROM
 - External Rotating with FABER
 - Stool/prone rotations for external rotation
 - Stool stretch for hip flexors and adductors
 - NO hip ext past 0 degrees
 - 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 wks)
- Step downs
- Clam shells→isometric side-lying hip abduction (may be done in supine position with Theraband if side lying is painful)
- Begin proprioception/balance training
 - Balance boards, single leg stance
- Bike/Elliptical
- Scar massage
- Bilateral Cable column rotations
- 3 weeks: Aqua therapy in deep end of water (no treading water) if available
- **Weeks 4-8**
 - Elliptical
 - Continue with previous Ther-Ex. Progress bike time and resistance.
 - Progress with ROM
 - OK to stretch past 0 degrees ext. AFTER 6 weeks post op
 - Standing BAPS rotations
 - Prone hip rotation internal rotation/external rotation (FABER)
 - Hip joints mobs with mobilization belt into limited joint range of motion
ONLY IF NECESSARY
 - Lateral and inferior with rotations
 - 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
 - Treadmill side stepping from level surface holding on → inclines (week 4) when gluteus medius is with good strength
- **Weeks 8-12**
 - Progressive hip ROM
 - Progressive LE and core strengthening
 - Endurance activities around the hip
 - Dynamic balance activities
 - Begin light plyometrics
- **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
 - Single leg cross-over triple hop for distance:
 - Score of less than 85% are considered abnormal for male and female
 - Step down Test in 20 sec R v L