Center for Athletic Medicine

Dr. Preston Wolin

Hip Arthroscopy Rehabilitation

Gluteus Medius Repair with or without Labral Debridement

Adapted from, *Bryan T. Kelly, MD*

~Please call 773.248.4150 with any and all questions~

General Guidelines:

- Normalize gait pattern with brace and crutches
- Weight-bearing: 20 lbs for 6 weeks
- Continuous Passive Motion
  - 4hours/day or 2 hours if on bike

Rehabilitation Goals:

- Seen post-op Day 1
- Seen 1x/week for 6 weeks
- Seen 2x/week for 6 weeks
- Seen 2-3x/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 rotation and flexion
  - No active abduction, IR, or passive ER, adduction (at least 6 weeks)

Guidelines:

- Weeks 0-4
  - CPM for 4hours/day
  - Bike for 20 minutes/day (can be 2x/day)
  - Scar massage
  - Hip PROM
    - Hip flexion to 90 degrees, 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 isotonics
  - Pelvic tilts
  - NMES to quads with SAQ
  - Modalities
- Weeks 4-6
  - Continue with previous therex

- Gait training PWB with assistive device
    - 20 lbs through 6 weeks
- Progress with passive hip flexion greater than 90 degrees
- 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 wks)
    - Quadriceps strengthening
- Scar massage
- Aqua therapy in low end of water

- <u>Weeks 6-8</u>
  - Continue with previous therex
  - Gait training: increase Wbing 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)
- <u>Weeks 8-10</u>
  - Continue previous therex
  - Wean off crutches (2—1 – 0)
  - Progressive hip ROM
  - Progress strengthening LE
    - Hips 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
- <u>Weeks 10-12</u>
  - Continue with previous therex
  - Progressive hip ROM
  - Progressive LE and core strengthening
    - Hip PREs and hip machine
    - Unilateral leg press
    - Unilateral cable column rotations
    - Hip hiking
    - Step down
  - 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)

• Weeks 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 drill and plyometrics

• 3-6 months Re-evaluate (Criteria for Discharge)
  - Hip outcome score
  - Pain free or at least a manageable level of discomfort
  - MMT within 10 percent of uninvolved LE
  - Isometric Dynamometry test of Quadriceps and Hamstrings within 15 percent of uninvolved
  - Single leg cross-over triple hop for distance:
    - Score of less than 85% are considered abnormal for male and female
  - Step down test