

Center for Athletic Medicine
Dr. Preston Wolin
Hip Arthroscopy Rehabilitation
Partial Psoas Release with or without FAI Component/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
 - Stress extension phase of gait
- Weight-bearing as per procedure performed
- Continuous Passive Motion
 - 4hours/day or 2 hours if on bike
- Usually in more pain

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: (Debridement/Iliopsoas Release)

- Weight bearing will be determined by procedure
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites and hip flexor region
- Increase range of motion focusing on rotation and flexion

Guidelines:

- Weeks 0-2
 - CPM for 4hours/day
 - Bike for 20 minutes/day (can be 2x/day)
 - Scar massage to portals and hip flexor tendon
 - Hip PROM as tolerated
 - Supine hip log rolling for rotation
 - Bent Knee Fall Outs
 - Hip isometrics- NO FLEXION
 - ABD/ADD/EXT/ER/IR
 - Pelvic tilts
 - Supine bridges
 - NMES to quads with SAQ
 - Stool rotations (Hip AAROM ER/IR)
 - Quadraped rocking for hip flexion
 - Sustained stretching for psoas with cryotherapy (2 pillows under hips)

- Stool hip flexor stretch
- Gait training PWB with bilateral crutches
- Modalities
- Weeks 2-4
 - Continue with previous therex
 - Progress Weight-bearing
 - Wean off crutches (2 → 1 → 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- isotonic all directions except flexion
 - Start isometric sub max pain free hip flexion (3-4 wks)
 - 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 of water
- Weeks 4-8
 - Continue with previous therex
 - Progress with ROM
 - 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 isotonic (Be aware of hip flexor 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)
 - 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