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## **Rehabilitation Protocol: Hip Arthroscopy, Labral refixation with or without FAI Component**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

### **General Guidelines:**

- Limit external rotation to 0 degrees for 3 weeks
- Limit abduction to 25 degrees for 3 weeks
- No hyperextension – limit extension to 0 degrees 4 weeks
- Limit flexion to 90 degrees for 2 weeks
- Normalize gait pattern with crutches
- Weight-bearing as per procedure performed (standard is 2 weeks FFWB)
- Continuous Passive Motion (CPM) Machine 4 hours/day or 2 hours if on bike stationary bike for 2 bouts of 20-30 minutes if tolerated

### **Rehabilitation Schedule Goals:**

- Post-op Day 1
- 1<sup>st</sup>– 2<sup>nd</sup> months: 2x/week
- 3<sup>rd</sup> month: 2-3x/week
- 4<sup>th</sup> month 1-2x/week

### **Precautions following Hip Arthroscopy/FAI with labral refixation:**

- Focus on increasing hip flexion
- Careful external rotation and extension

### **Guidelines:**

- **Weeks 0-2**
  - LIMIT EXTERNAL ROTATION TO 0 degrees
  - CPM for 4 hours/day OR
  - Bike for 20 minutes/day (can be 2x/day)
  - Scar massage
  - Hip PROM as tolerated with ER limitation
  - Supine hip log rolling for internal rotation/external rotation
  - Progress with ROM

- Introduce stool rotations/prone rotations
- Hip isometrics - NO FLEXION
  - Abduction, adduction , extension, ER
- Pelvic tilts
- Supine bridges
- NMES to quads with SAQ with pelvic tilt
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Gait training FFWB with assistive device
- Modalities
- **Weeks 2-4**
  - Continue with previous therapy
  - Progress Weight-bearing (week 2)
    - Week 3-4: wean off crutches (2 » 1 » 0) if gait is normalized
  - Progress with hip ROM
    - Bent knee fall outs as tolerated (week 4)
    - Stool/prone rotations for ER beginning week 3
    - Stool stretch for hip flexors and adductors
  - 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 at 6 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 – progress time, resistance
  - Scar massage
  - Bilateral Cable column rotations (week 4)
  - Aqua therapy in low end of water if available
- **Weeks 4-8**
  - Elliptical
  - Continue with previous therapy
  - Progress with ROM
    - Standing BAPS rotations
    - Prone hip rotation ER/IR
    - External rotation with FABER
    - Hip joint mobs with mobilization belt into limited joint range of motion ONLY IF NECESSARY
      - Lateral and inferior with rotation
      - Prone posterior-anterior glides with rotation
    - Hip flexor, glute/piriformis, and It-band Stretching – manual and self
  - Progress strengthening LE
    - Introduce hip flexion isotonics at 6 weeks (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
- Treadmill side stepping from level surface holding on » inclines (week 4) when good gluteus medius lateral
- **Weeks 8-12**
  - Progressive hip ROM
  - Progressive LE and core strengthening
  - Endurance activities around the hip
  - Dynamic balance activities
  - 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)**
  - KJOC Athletic Hip score
  - Pain free or at least a manageable level of discomfort
  - MMT within 10 percent of uninvolved LE
  - Biodex test of Quadriceps and Hamstrings peak torque 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

**DURATION: 2x/Week x 12 Weeks**

Please send progress notes.

**Physician's Signature:** \_\_\_\_\_

**Michael Day, MD**