
Hip Arthroscopy/Labral Repair/FAI Rehabilitation Protocol

The following are guidelines for the post-operative rehabilitation of an individual who has undergone a Hip arthroscopy with a labral repair with/without FAI component. This schedule will vary from patient to patient based on individual tolerance. This guideline is intended to be administered by a licensed physical therapist and/or certified athletic trainer. If there are any questions concerning the rehabilitation, please don't hesitate to call our office.

General Guidelines:

- No active external rotation for 4 weeks
- Normalize gait pattern with crutches
- Non weight-bearing for 4 weeks
- No isometric abduction for 6 weeks

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

- Non weight -bearing for 4 weeks
- Advance from foot flat (i.e. toe touch) to full weight-bearing by 6-8 weeks
- Hip flexor tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scar around portal sites
- Increase ROM focusing on flexion, careful external rotation and aggressive extension

Weeks 0-2

- NO EXTERNAL ROTATION > 20°
- CPM (if approved by insurance) 4 hours/day or Bike for 20 minutes/day, 2x/day (low resistance/high seat)
- Scar massage
- Hip PROM as tolerated (No ER)
- Supine hip log rolling for internal rotation
- Hip isometrics – NO FLEXION OR ABDUCTION, Add/Ext/ER/IR ok
- Pelvic tilts
- Supine bridges
- Stool rotations (Hip AAROM for IR)
- Quadruped rocking for hip flexion
- Gait training PWB with assistive device
- Sustained stretching for psoas with cryotherapy (2 pillows under hip)
- Modalities

Weeks 2-4

- Progress weight-bearing (week 3)
 - Week 4: wean off crutches
- Progress with hip ROM
 - Bent knee fall outs (week 4)
 - Stool rotations for ER (week 3-4)
- Gluteus/piriformis stretch
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening – isotonic in all directions except flexion
 - Start isometric sub-max pain free hip flexion (3-4 weeks)
- Begin proprioception/balance training
 - Balance board/Single leg stance
- Treadmill side-stepping on level incline (week 4)

Weeks 4-8

- Continue with previous therapy
- Progress with ROM
 - Hip joint mobs with mobilization belt
 - Lateral and inferior with rotation
 - Prone posterior-anterior glides with rotation
- Hip flexor, gluteus/piriformis 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 (prone/side planks)
- Progress proprioception/balance (bilateral/unilateral foam dynadisc)
- Side stepping with theraband
- Hip hiking or 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-evaluation (Criteria for discharge)

- Pain free, or at least manageable level of discomfort
- MMT within 10% of uninvolved side
- Biodex test of quadriceps/hamstrings peak torque within 15% of uninvolved side
- Single leg cross-over triple hop for distance:
 - Score of less than 85% is considered abnormal
- Step down test