

### **Hip Arthroscopy/Labral Debridement Rehabilitation Protocol**

The following are guidelines for the post-operative rehabilitation of an individual who has undergone a Hip arthroscopy with a labral debridement. 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.

#### **Precautions:**

- Protected weight-bearing for first week
- Advance to full weight-bearing as tolerated after first week
- No impact for 8 weeks from surgery

#### **Weeks 0-2**

- Bike for 20 minutes/day, 2x/day (low resistance/high seat)
- Scar massage
- Hip PROM as tolerated
- Supine hip log rolling for rotation
- Hip isometrics – NO FLEXION, Abd/Add/Ext/ER/IR ok
- Pelvic tilts
- Supine bridges
- Stool rotations (Hip AAROM ER/IR)
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hip)
- Modalities

#### **Weeks 2-4**

- Continue with previous therapy
- Progress weight-bearing (wean off crutches)
- Progress with hip ROM
  - ER with FABER
  - Prone hip rotations (ER/IR)
  - BAPS rotations in standing
- 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 and IT band stretching
- Progress strengthening LE
  - Introduce hip flexion isotonic (be aware of hip flexor tenosynovitis)
  - 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