**Hip Arthroscopy Rehabilitation Labral Debridement**

**with or without FAI Component**

**General Guidelines:**

* Normalize gait pattern with brace and crutches
* Weight-bearing as per procedure performed
* Continuous Passive Motion Machine
* 4 hours/day or 2 hours if on bike

**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/FAI: (Debridement/Osteochondroplasty)**

* 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

**Guidelines:**

**Weeks 0-2**

* CPM for 4 hours/day
* Bike for 20 minutes/day (can be 2x/day)
* Scar massage
* 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)
* Quadruped rocking for hip flexion
* Sustained stretching for psoas with cryotherapy (2 pillows under hips)
* 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 – isotonics 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 (No treading 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 isotonics (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

**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
* 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