

**CENTER FOR ORTHOPAEDICS AND SPINE CARE
PHYSICAL THERAPY PROTOCOL
HIP ARTHROSCOPY
LABRAL REFIXATION WITH OR WITHOUT FAI COMPONENT
BENJAMIN J. DAVIS, MD**

General Guidelines:

- No active external rotation for 4 weeks
- 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: (Refixation/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 flexion, careful of external rotation, and aggressive extension

Guidelines:

• **Weeks 0-2**

- NO EXTERNAL ROTATION > 20 degrees
- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x/day)
- Scar massage
- Hip PROM as tolerated (No ER)
- Supine hip log rolling for internal rotation
- Progress with ROM

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE.

Lake Forest

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- Introduce stool rotations (AAROM hip IR) – Hip isometrics - NO FLEXION

- Abduction, adduction , extension, ER
 - Pelvic tilts
 - Stool rotations for IR
 - Supine bridges
 - NMES to quads with SAQ
 - Quadruped rocking for hip flexion
 - Sustained stretching for psoas with cryotherapy (2 pillows under hips)
 - Gait training PWB with assistive device
 - Modalities

- **Weeks 2-4**
 - Continue with previous PT
 - Progress Weight-bearing (week 3)
 - Week 4: wean off crutches (210)
 - Progress with hip ROM
 - Bent knee fall outs (week 4)
 - Stool rotations for ER (week 3-4)
 - 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 (week 4)
 - Treadmill side stepping from level surface holding on inclines (week 4)
 - Aqua therapy in low end of water

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• **Weeks 4-8**

- Continue with previous PT
- Progress with ROM
- Standing BAPS rotations
- External rotation with FABER
- Hip Joint mobs with mobilization belt
 - 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 (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

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- **3,6,12 months Re-Evaluate (Criteria for discharge)**
 - – 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:

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