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**New York, NY 10021**

**REHAB PROTOCOL: Hip Arthroscopy with Labral Debridement +/- FAI Component**

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

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

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

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

**General Guidelines:**

- Normalize gait pattern with brace and crutches
- Weight-bearing as per procedure performed
- 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

**Milestone Goals**

- Avoid flexor tendonitis
- Increase range of motion
- Strengthening

**Guidelines:**

- **Weeks 0-2**
  - Bike for 20 minutes/day (can be 2x/day)
  - Scar massage
  - Hip PROM as tolerated
  - Supine hip log rolling for internal rotation/external rotation
  - Bent knee fall outs

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- Hip isometrics - NO FLEXION
  - Abduction, adduction , extension, ER, IR
- Pelvic tilts
- Supine bridges
- NMES to quads with SAQ with pelvic tilt
- Stool rotations /prone rotations
- Stool stretch for hip flexors and adductors
- 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 therapy
- Progress Weight-bearing (week 2)
  - Week 3-4: wean off crutches (2 » 1 » 0) if gait is normalized
- Progress with hip ROM
  - External Rotation with FABER
  - BAPS rotations in standing
  - Hip flexor and ITB – manual and self
- Glut/piriformis stretch
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening – isotonic 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 – progress time resistance
- Scar massage
- Bilateral Cable column rotations
- Aqua therapy in low end of water if available

• **Weeks 4-8**

- Elliptical
- Continue with previous therapy
- Progress with ROM
- Hip Joint mobs with mobilization belt into limited joint range of motion
  - 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 isotonic (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 strength
- **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)**
  - 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

## **Comments:**

**Frequency:** 2 times per week

**Duration:** 12 weeks

**Signature:** \_\_\_\_\_

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

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