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REHAB PROTOCOL: Hip Arthroscopy with Labral Repair and FAI Component

Name: _____ **Date:** _____

Diagnosis: _____ **Date of Surgery:** _____

PHASE 1 – Immediate Rehabilitation (day after surgery – end of week 2):

Goals:

- Protection of the repaired tissue
- Prevent muscular inhibition and gait abnormalities
- Diminish pain and inflammation

Precautions:

- 20 lb. flat-foot weight-bearing in brace x 2 weeks post-op
- Brace worn at all times, including sleeping, except when in PT or while using the CPM/bike
- Do not push through pain or pinching, gentle stretching will gain more ROM
- Gentle PROM only, no passive stretching
- ****Avoid capsular mobilizations** (limit external rotation to 20 degrees and no hip extension)**
- ****Avoid any isolated contraction of iliopsoas****

Guidelines:

- **P/AAROM: within range limitations, pain free, do NOT exceed in PT:**
 - Flexion: 90°
 - Ext: 0°
 - Abd: 25-30°
 - IR in 90° hip flexion: 0°; IR neutral (prone): within comfort zone
 - ER in 90° hip flexion: 30°; ER neutral (prone): 20°

Initial Exercises:

Continuous Passive Motion (CPM) and Stationary Biking

- CPM is to be used 4 hours a day, 7 days a week, for 8 weeks following surgery
- CPM will be set to 120 degrees of knee flexion, which is equivalent to 90 degrees of hip flexion
- Alternatively, an upright or recumbent stationary bike may be used for 2 hours a day, 7 days a week, for 8 weeks following surgery, **zero resistance only**
- Bike seats should be placed so that the hip does not exceed 90 degrees of flexion (Tips: upright bike – place seat high and sit upright; recumbent bike – _recline seat (if able) and keep more slouched posture.
- Do NOT use CPM/bike for 2-4 hours consecutively, instead break it up throughout the day.

Passive interventions:

- STM (scar; ant, lat, med and post aspects of hip; lumbar paraspinals; quad/hamstring)
- Ice prn post treatment

Active interventions (all within ROM guidelines):

- Isometrics: quad sets, gluteal sets, TA isometrics with diaphragmatic breathing
- Prone lying (modify if having LB pain) – avoid all prone activities in patients with instability
- Heel slides, supine hip ER/IR with hip neutral and knee ext, prone quad stretch
- Gentle, submaximal hip isometrics begin at 2-3 weeks post op

Gait Training:

When protocol allows, discharge hip brace, emphasize normalized gait mechanics and wean from assistive device. This is generally at 2 weeks post op unless instructed otherwise

PHASE 2 – Transitional Phase of Rehabilitation (week 3 – end of week 6):

Criteria for progression to Phase 2:

- **Full Weight Bearing Must Be Achieved Prior To Progressing To Phase 2**

Non weight bearing exercise progression may be allowed if patient is not progressed by MD to full weight bearing

Goals:

- Protection of the repaired tissue
- Restore normal gait pattern
- Restore full hip ROM
- Initiate strengthening of hip, pelvis, and LE
- Emphasize gluteus medius strengthening (non-weight bearing)

Precautions

- Gradually progress ROM as tolerated, **within pain-free zone if allowed per protocol****
- No forced (aggressive) stretching of any muscles
- No joint/capsular mobilizations – to avoid stress on repaired tissue
- Avoid inflammation of hip flexor, adductor, abductor, or piriformis
- No treadmill walking for fitness/cardiovascular training until Phase 5

Intermediate Exercises

- Gentle strengthening: ROM must come before strengthening
- Start strengthening progression for hip flexion, extension, abduction, and IR/ER
- Pelvic floor strengthening
- Initiate light quad and hamstring strengthening
- ½ kneel gentle pelvic tilt for gentle stretch of iliopsoas
- Quadrupled rocking (gentle prayer stretch) for flexion ROM
- Continue gait progression:
- Weight shift side to side then weight shift forward/backward
- Balance progressions
- **Stationary bike with no resistance until 6 weeks post-op**



PHASE 3 – Intermediate Rehabilitation (week 7 – end of week 9):

Criteria for progression to Phase 3:

- Full Weight Bearing Must Be Achieved Prior To Progressing To Phase 3
- Hip strength of 3+/5
- Full hip ROM or approximating full ROM depending on surgical procedure performed

Goals:

- Full Hip ROM and Normal Gait Pattern if not yet achieved
- Progressive Strengthening of Hip, Pelvis, and LE's
- Emphasize gluteus medius strengthening in weight bearing

Precautions:

- No forced (aggressive) stretching of any muscles
- No joint/capsular mobilizations – _to avoid stress on repaired tissue
- Avoid inflammation of hip flexor, adductor, abductor, or piriformis

Intermediate Exercises

- Continue with progression of exercises from appendix
- Crab monster walk
- Increase intensity of quadriceps and hamstring strengthening
- Core stabilization progressions
- Balance progressions
- Elliptical and stair master
- Step and squat progressions
- Slide board: hip abduction, adduction, extension, IR/ER
 - No forced abduction. Stop short of any painful barriers.

PHASE 4 – Advanced Rehabilitation (week 10 – end of week 12):

Criteria for progression to Phase 4:

- Full Hip ROM and Normal Gait Pattern
- Hip flexor strength of 4-/5
- Hip abd, add, ext, and IR/ER strength of 4/5

Goals:

- Focus on restoration of muscular strength and endurance
- Focus on restoration of patient's cardiovascular endurance

Precautions:

- No contact activities
- No forced (aggressive) stretching
- No joint mobilizations – _to avoid stress on repaired tissue

Exercises:

- No treadmill walking for fitness until Phase 5
- Continue with progression of exercises
- Anterior/side plank progression
- Lunges, all directions

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- Single leg squat

PHASE 5 – Sport Specific Training > 12 weeks:

Criteria for progression to Sport Specific Training:

- Hip flexor, Hip add, abd, ext, IR/ ER strength of 4+/5
- Cardiovascular endurance equal to pre-injury level
- Demonstrates proper squat form and pelvic stability with initial agility drills.
- Stable single-leg squat.
- Return to sport activities as tolerated without pain, consistent with MD orders.

Exercises:

- Customize strengthening and flexibility program based on patients sport and/or work activities
- Jogging
- Z cuts, W cuts, Cariocas
- Agility drills
- Gradual return to sport

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____