



4140 Centennial Hills Boulevard • Casper, WY 82609 • (307) 265-7205

**Hip Arthroscopy Rehabilitation
Partial Psoas Release with or without FAI Component / Labral Debridement**

General Guidelines:

- Normalize gait pattern with brace and crutches
 - Stress extension phase of gait
- Weightbearing as per procedure performed
- Continuous Passive Motion
 - 4 hours/day or 2 hours if on stationary bike for 2 bouts of 20-30 minute sessions
 - Usually in more pain

Rehabilitation Goals:

- Seen postop day 1
- Seen 2x/week for first month
- Seen 2x/week for second month
- Seen 2-3x/week for third month
- Seen 1-2x/week for fourth month

Precautions following hip arthroscopy/FAI (Debridement/Iliopsoas Release)

- Weightbearing will be determined by procedure
- Hip flexors tendinitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites and hip flexor region
- Increase range of motion focusing on rotation and flexion



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Guidelines:

Weeks 0-2

- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x day)
- Scar massage to portals and hip flexor tendon
- 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/prone rotations
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with Cryotherapy (2 pillows under hips)
- Stool hip flexor and adductor stretch
- Gait training PWB with bilateral crutches
- Modalities



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Weeks 2-4

- Continue with previous therex
- Progress weightbearing
 - Wean off crutches (2→1→0) if gait is normalized
- Progress with hip ROM
 - External rotation with FABER
 - BAPS rotations in standing
- Glute/piriformis stretch
- Progress core strengthening (avoid hip flexor tendinitis)
- Progress with hip strengthening – Isotonics all directions except flexion
 - Start isometric sub max pain-free hip flexion (4-5 weeks)
- 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
- Aqua therapy in low end of water



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Weeks 4-8

- Continue with previous therex
- Progress with ROM
 - Hip joint mobs with mobilization
 - 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 tendinitis)
 - Multi-hip machine (open/closed chain)
 - Leg press (bilateral → unilateral)
 - Isokinetics: knee flexion/extension
- Progress core strengthening (avoid hip flexor tendinitis)
 - Prone/side planks
- Progress with proprioception/balance
 - Bilateral → unilateral → foam → Dynadisc
- Progress cable column rotations – unilateral → foam
- Side stepping with Thera-Band
- Hip hiking on StairMaster
- Treadmill side stepping from level surface holding on → inclines (week 5)

Weeks 8-12

- Progressive hip ROM
- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities



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- Light plyometrics

Weeks 12-16

- Progress 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 crossover triple hop for distance:
 - Score of less than 85 percent is considered abnormal for male and female
- Step down test