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**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
- Weight-bearing 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 post-op 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: (Debridement/Iliopsoas Release)

- Weight-bearing will be determined by procedure
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites and hip flexor region

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- 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 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

- **Weeks 2-4**

- Continue with previous therex

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- Progress Weight-bearing
 - Wean off crutches (2 → 1 → 0) if gait is normalized
 - Progress with hip ROM
 - External Rotation with FABER
 - 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 (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

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- 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 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 5)
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- **Weeks 8-12**
 - Progressive hip ROM
 - Progressive LE and core strengthening

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- 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)**
 - 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