

## Hip Arthroscopy Guidelines

### *Core Rehabilitation Guidelines*

- Foot-flat weight bearing 20%, with assistive devices for 2-4 weeks then progress
- Hip brace for 2 weeks
- Limited external rotation to 20° the first 2 weeks
- No hyperextension the first 6 weeks
- Normalize gait pattern with full weight bearing without assistive devices by week 4
- Stationary Bike (if access) for 20-40 minutes/day without resistance for range of motion

### *Rehabilitation Regimen*

- Seen Postop Day 1
- Seen 2x/week Month 1
- Seen 2x/week Month 2
- Seen 3x/week Month 3
- Seen 1-2x/week Month 4 and beyond

### *Precautions following Hip Arthroscopy*

- Foot-flat weight bearing 20%, with assistive device for 2-4 weeks then progress
- Hip flexor tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion, careful external rotation (no more than >20° the first 2 weeks), and aggressive extension after week 6

### *Specific Timeline: Weeks 0-2*

#### Precautions:

- Foot-flat weight bearing, 20%, with assistive device (crutches) for 2-4 weeks
- Hip brace for 2 weeks
- NO active hip flexion
- NO hip extension past neutral for 6 weeks
- NO external rotation >20° for 2 weeks
- NO straight leg raises or bird dogs
- Incision/scar management

#### Specifics:

- NO EXTERNAL ROTATION > 20°
- CPM for 4 hours/day or Stationary Bike without resistance for 20 minutes/day (can be 2x/day)
- Scar massage
- Hip PROM as tolerated with ER limitation
- Supine hip log rolling for internal rotation/external rotation
- Progress with ROM

- Introduce stool rotations/prone rotations
- Hip isometrics - **NO FLEXION**
  - Abduction, adduction, extension, ER
- Pelvic tilts
- Supine bridges
- NMES to quads with SAQ with pelvic tilt
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Gait training PWB with assistive device
- Modalities

*Specific Timeline: 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
  - Bent knee fall outs (week 4)
  - Stool/prone rotations for ER
  - Stool stretch for hip flexors and adductors
- 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 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 – progress time resistance
- Scar massage
- Bilateral Cable column rotations (week 4)
- Aqua therapy in low end of water if available

*Specific Timeline :Weeks 4-8*

- Continue with previous therapy
- Progress with ROM – **can hyperextend only after week 6**
  - Standing BAPS rotations
  - Prone hip rotation ER/IR
  - External rotation with FABER
  - Hip joint mobs with mobilization belt into limited joint range of motion **ONLY IF NECESSARY**
    - Lateral and inferior with rotation
    - Prone posterior-anterior glides with rotation
- Hip flexor, glute/piriformis, and IT-band Stretching – manual and self

- Progress strengthening of lower extremity
  - 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

*Specific Timeline: Weeks 8-12*

- Progressive hip range of motion
- Progressive lower extremity and core strengthening
- Endurance activities around the hip
- Dynamic balance activities
- Light plyometrics
- Active release therapy

*Specific Timeline Weeks 12-16*

- Progressive lower extremity and core strengthening
- Plyometrics
- Treadmill running program
- Sport specific agility drills

*Specific Timeline: Weeks 16 and Beyond (Criteria for discharge)*

- Avoid flexor tendonitis by avoiding active or resisted hip flexion for the first year
- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninvolved lower extremity
- 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