

**Gregory Galano, MD**  
**130 E 77<sup>th</sup> St, 8<sup>th</sup> Fl**  
**New York, NY 10075**  
p: 212-861-2300, f: 212-861-2442  
license #: 241830

**Patient Name:**

**Date:**

**Date of Surgery:**

**Hip Arthroscopy Rehabilitation**  
**Labral debridement with or without FAI Component**

**General Guidelines:**

- Normalize gait pattern with brace and crutches
- Weight-bearing as per procedure performed
- Continuous Passive Motion (CPM) Machine 4 hours/day or 2 hours if on bike 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**
  - CPM for 4 hours/day OR
  - 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
  - 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 lateral
- **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

Please send progress notes.

**Physician's Signature:** \_\_\_\_\_  
**Gregory Galano, MD**