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Patient Name:

Date:

Date of Surgery:

Hip Arthroscopy Rehabilitation
Labral refixation with or without FAI Component

General Guidelines:

- Limited external rotation to 20 degrees (2 weeks)
- No hyperextension (4 weeks)
- 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
- 1st– 2nd months: 2x/week
- 3rd month: 2-3x/week
- 4th month 1-2x/week

Precautions following Hip Arthroscopy/FAI with labral refixation:

- Focus on increasing hip flexion
- Careful external rotation and extension

Guidelines:

- **Weeks 0-2**
 - LIMIT EXTERNAL ROTATION TO 20 degrees
 - CPM for 4 hours/day OR
 - Bike 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
- **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 – isotonics 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 (week 4)
 - Aqua therapy in low end of water if available
- **Weeks 4-8**
 - Elliptical
 - Continue with previous therapy
 - Progress with ROM
 - 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 LE
 - Introduce hip flexion isotonics (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 uninjured LE
 - Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninjured
 - 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