
Hip Arthroscopy 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 bike
- Usually in more pain

Rehabilitation Goals:

- Seen post-op Day 1
- Seen 1x/week for first month
- Seen 2x/week for second month
- Seen 2-3x/week for third 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
- 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 (Hip AAROM ER/IR)

- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Stool hip flexor stretch
- Gait training PWB with bilateral crutches
- Modalities

- **Weeks 2-4**

- Continue with previous therex
 - Progress Weight-bearing
 - . Wean off crutches (2 → 1 → 0)
- Progress with hip ROM
 - . External Rotation with FABER
 - . Prone hip rotations (ER/IR)
 - . BAPS rotations in standing
- 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
- Scar massage
- Bilateral Cable column rotations
- Treadmill side stepping from level surface holding on → inclines (week 4)
- Aqua therapy in low end of water

- **Weeks 4-8**

- . Continue with previous therex
 - . Progress with ROM
- 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

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- . 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
 - **Weeks 8-12**
 - . Progressive hip ROM
 - . Progressive LE and core strengthening
 - . Endurance activities around the hip
 - . Dynamic balance activities
 - **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