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## **Hip Arthroscopy Rehabilitation** **Capsular Shift with or without FAI –Labral Components**

### **General Guidelines:**

- No external rotation greater than 30 degrees for 4 weeks
- No hyperextension for 4 weeks
- Normalize gait pattern with brace and crutches
- Weight-bearing 20 pounds Foot Flat
- Keep leg from rotating outward when in bed with boot or pillows
- “Well-Leg” Stationary Bike for ROM. Quadruped rocking for hip flexion if tolerated.

### **Frequency of Physical Therapy:**

- Seen post-op Day 1
- Seen 1x/week for first month
- Seen 2x/week for second month
- Seen 2-3x/week for third month
- Seen 2-3x/week for fourth month

### **Precautions following Hip Arthroscopy Capsular Shift**

- 20 lbs. Foot Flat Weight Bearing
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites



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- Increase range of motion focusing on flexion
  - Limit external rotation and hyperextension

#### **Guidelines:**

- **Weeks 0-2**

- NO EXTERNAL ROTATION > 20 degrees
- Bike for 20-30 minutes/day (can be 2x/day)
- Scar massage
- Hip PROM as tolerated with focus on flexion
  - IR as tolerated
  - ER max 20 deg (looking for firm end feel)
- Supine hip log rolling for internal rotation and modified external rotation
- Progress with ROM
  - Introduce stool rotations (AAROM hip IR/ER max to 20)
- 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
- Gait training PWB on Alter-G, Start at 50%
- Modalities



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- **Weeks 2-4**

- Continue with previous therapy exercises
- Progress Weight-bearing (week 2)
  - Week 3-4: wean off crutches (2 → 1 → 0) when gait is normalized
- Progress with hip ROM
  - Bent knee fall outs (week 4)
  - Stool rotations for ER (week 3-4) max 30 degrees
  - Prone hip ER/IR (week 4)
- 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 (week 6)
- Scar massage
- Bilateral Cable column rotations (week 4)
- Treadmill side stepping from level surface holding on → inclines (week 5) with good abductor strength



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- Aqua therapy or Continue Alter-G ambulation and gait progression
  
- **Weeks 4-8**
  - Continue with previous therapy exercises
  - Progress with ROM
    - Standing BAPS rotations
    - External rotation with FABER
    - Hip flexor, glute/piriformis, and IT-band Stretching – manual and self
    - Hip flexor stretch on stool to increase hip extension
  - Progress strengthening LE
    - Introduce hip flexion isotonic (Be aware of hip flexion tendonitis)
    - Multi-hip machine (open/closed chain) consider closed strength if good abductor strength
    - 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



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- **Weeks 8-12**
  - Progressive hip ROM
    - Hip Joint mobs with mobilization belt into limited ranges of joint motion  
ONLY IF NECESSARY
      - Lateral and inferior with rotation when indicated
      - Prone posterior-anterior glides with rotation when indicated
  - Progressive LE and core strengthening
  - Endurance activities around the hip
  - Dynamic balance activities
  - Alter-G or Aquatic Jogging Program starting at 60% at 10 weeks if tolerated
- **Weeks 12-16**
  - Progressive LE and core strengthening
  - Treadmill running program
  - Sport specific agility drills and plyometrics
- **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



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