

Hip Arthroscopy Rehabilitation

Dr. McCormick

Overview

Bony procedures from hip arthroscopy leave raw bone surfaces that can re-bleed and irritate the hip.

It takes time for fibrous tissue to form and stabilize so aggressive motions can be started.

Usually joint damage is anterior.

Avoid isolated anterior muscle contraction. This slashes the hip anteriorly where the damage is.

Anterior musculature is always irritated to some extent.

Avoid working the anterior muscles hard for at least 6 weeks.

Proper muscular control is very difficult in a painful hip.

The hip must be calmed and normal gait restored BEFORE progressing.

If a hip flares during rehab then go back one step (or more) until calmed.

Maximum improvement is usually achieved at 12 mo. Tissue is then healed but not necessarily normal.

Tissue can still be aggravated by repetitive impaction.

0-2 weeks

Goals reduce inflammation (cryotherapy devices highly recommended)
regain muscular control and normal gait (without ambulation aids)

Restrictions use crutches or walker until able to walk without limp
avoid abduction, flexion > 90
R hip only – no driving until 2 weeks

Suggested Exercises prone lying x 30 min
windshield wipers – internal rotation only in first 2 weeks
quadruped rocking – advance to arm up in 1st wk, arm + leg in 2nd wk
2 legged bridges
exercise bike without resistance (NO RECUMBENTS)

2-6 weeks

Goals regain sagittal plane comfort with limited rotation and coronal plane motion

Restrictions do not force ROM, allow the hip to dictate how fast to progress

Suggested Exercises 2" squats
1 legged bridges
exercise bike with resistance

6-12 weeks

Goals regain strength and endurance

Restrictions avoid strenuous activity

Suggested Exercises squats – 2" building up to 90 degrees
1 legged bridges
exercise bike with resistance, elliptical, swimming

>3 months

Goals regain full ROM

Restrictions graduated return to sport/activity

Suggested Exercises begin sport specific training when the necessary painless ROM achieved
wobble board squats and balance/proprioception work
bridges
lunges (prefer backward as these are posterior muscle dominant)

www.mccormickortho.com for more information more educational videos and postoperative protocols