

Hip Arthroscopy with Psoas Release

Postop	Goals	Precautions	Exercises
<p>Weeks 0-2</p> <p>PT : 1-2x/week</p> <p>HEP daily</p>	<p>Edema and pain control</p> <p>Avoid trochanteric bursitis, synovitis</p> <p>Manage scar around portal sites</p> <p>Increased ROM focusing on flexion, careful of ER and aggressive extension</p>	<p>WBAT</p> <p>NO EXTERNAL ROTATION > 20 degrees (2 weeks)</p> <p>NO HYPEREXTENSION (4 weeks)</p> <p>Hip PROM as tolerated with ER limitation</p> <p>Hip Isometrics – NO FLEXION (Abduction, adduction, extension, ER)</p>	<ul style="list-style-type: none"> - CPM for 4 hours/day (if appropriate) - 70° (advance to 0-90° as tolerated) - Bike for 20 minutes/day (can be 2x/day) - Scar massage - Supine hip log rolling for IR/ER - Progress with ROM - Introduce stool rotations/ prone rotations - Pelvic tilts - Supine bridges - NMES to quads with SAQ (short arc quads) 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
<p>Weeks 2-4</p> <p>PT: 1- 2x/week</p> <p>HEP daily</p>	<p>Pain control</p> <p>Continue with previous therapy exercises</p> <p>Avoid trochanteric bursitis, synovitis</p> <p>Manage scar around portal sites</p> <p>Increased ROM focusing on flexion, careful of ER and aggressive extension</p>	<p>WBAT</p> <p>NO HYPEREXTENSION (4 weeks)</p> <p>Progress with hip ROM</p>	<ul style="list-style-type: none"> - Bent knee fall outs (week 4) - Stool/prone rotations for ER - Stool stretch for hip flexors and adductors - Glute/piriformis stretch - Progress core strengthening (AVOID hip flexor tendinitis) - Progress hip strengthening – isotonic all directions except flexion - Start isometric sub max pain free hip flexion (3-4 weeks) - Step downs - Clam shells ® isometric side-lying hip abduction - Hip hiking (week 4) - Begin proprioception/ balance training - Balance boards <ul style="list-style-type: none"> ● 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

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<p>Weeks: 4-8 PT 2x/week HEP daily</p>	<p>Continue with previous therapy exercises</p> <p>Avoid trochanteric bursitis, synovitis</p> <p>Manage scar around portal sites</p> <p>Increased ROM focusing on flexion, careful of ER and aggressive extension</p>	<p>Progress with hip ROM</p> <p>Normalize gait *</p>	<ul style="list-style-type: none"> - Elliptical - Hip ROM <ul style="list-style-type: none"> ● Standing BAPS rotations ● Prone hip rotation ER/IR ● ER with FABER - Hip joint mobs with mobilization belt into limited joint range of motion ONLY IF NECESSARY <ul style="list-style-type: none"> ● Lateral and inferior with rotation ● Prone posterior-anterior glides with rotation ● Hip flexor, glute/piriformis, IT band stretching – manual and self - Progress strengthening LE - Introduce hip flexion isotonic (AVOID hip flexor tendonitis) - Multi-hip machine (open/closed chain) - Leg press (bilateral ® unilateral) <ul style="list-style-type: none"> ● Isokinetics: knee flex/ext - Progress core strengthening: prone/ side planks (AVOID hip flexor tendonitis) - Progress 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
<p>Weeks: 8-12 PT 2-3x/week HEP daily</p>	<p>Continue with previous therapy exercises</p> <p>Avoid hip flexor tendonitis, trochanteric bursitis, synovitis</p>	<p>Continue with previous therapy exercises</p> <p>Avoid hip flexor tendonitis, trochanteric bursitis, synovitis</p>	<ul style="list-style-type: none"> - Progressive hip ROM - Progressive LE and core strengthening - Endurance activities around hip - Dynamic balance activities - Light plyometrics - Active release therapy
<p>Weeks: 12-18 PT: 1-2x/week HEP daily</p>	<p>Continue with previous therapy exercises</p>		<ul style="list-style-type: none"> - Progressive LE and core strengthening - Plyometrics - Treadmill running program - Sport specific agility drills

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- **Discharge Criteria**

- 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 Hamstring peak torque within 15 percent of uninvolved

- Single leg cross-over triple hop for distance

- score less than 85% considered abnormal for male and female

- Step down test

*** AMENDMENTS TO PROTOCOL FOR CONCOMITANT PROCEDURES**

LABRAL RECONSTRUCTION: Toe touch weight bearing x **6 weeks**

ACETABULAR MICROFRACTURE: Toe touch weight bearing x **6 weeks**

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