HYPER REGEN
SPORTS MEDICINE

400 Wellington Street West, Unit 1 & 2, Toronto, ON
Telephone: 416-257-3999 • Fax: 416-987-0647
www.hyperregenorthopedics.com
Instagram: @hyperregen

Hip arthroscopy, labral repair, osteoplasty
Rehabilitation guidance

Physiotherapy after hip arthroscopy for femoroacetabular impingement is something that many patients and physiotherapists do not have familiarity with. If you are undergoing this procedure, here are several key points that will help you progress smoothly and achieve your rehabilitation milestones while minimizing the risks of flare-ups or complications.

1. In the first 2 weeks, the main goal is to protect the hip joint and avoid irritation. In particular, it's important to avoid hip flexor tendonitis, muscular irritation and anterior capsular pain/pinching. A few tactics to do so include:
    a. Assisting the operative leg by a family member or using the nonoperative limb, avoiding sitting for more than 30 minutes and lying prone for 2-3 hours a day.
    b. Avoiding hip flexion more than 90 degrees, internal/external rotation more than 20 degrees, and preventing more than zero degrees of prone hip extension for the first 3 weeks
    c. Riding a stationary bike with a high seat and low resistance can be started in the first week for 20 min/day.
    d. Performing Isometric exercises involving quad sets, gluteal sets, and supine transverse abdominis activation on the first postoperative day
    e. Avoid pushing through pain.
2. Crutches should be used for protected weightbearing for 4-6 weeks
3. From weeks 2-9, the main goal is to develop a normal gait pattern (i.e. non-compensatory gait and progression)
    a. In order to do this, it is important to get normal hip motion, particularly in hip extension
    b. Without normal hip extension, it will be difficult to get a normal gait
    c. In this phase, working on proximal/core (trunk, lumbar, pelvic) motor control and stability is also very important to help develop a normal gait
    d. The most challenging part during this timeline is getting off crutches. It is important not to force the timeline. Patients should wean off crutches until they can ambulate without pain using a normal gait pattern
4. After week 9, assuming the goals of the prior timelines have been met, the aim is to return patients to the pre-injury level
    a. This part of the rehab is more individualized. If patient demands are higher, rehab will take longer.

    b. Closed chain exercise progression in the form of squats, lunges and rotational movements can be initiated.
    c. Treadmill walking often begins around 3 months after surgery, and sports-specific/ functional training can begin
5. After week 14, the main goal is to return to sports. Introducing exercise for power, skill, endurance, and agility occurs in this phase. Running is permitted for around five months
6. After six months, patients are usually cleared to go back to full activity.

The above phases and timelines are general guidelines. There may be various modifications to the rehab protocol, which in turn is determined by the exact operative procedure. For example, if a microfracture of the hip is also performed, then protected weightbearing with crutches is often extended to 6 weeks. Furthermore, it is important to look for any flare-ups during the rehab process. If this happens, the key is to shut down activity and rest for at least 24 hours. Another red flag is to progress too quickly in the rehab timelines without achieving a normal gait pattern. This can cause muscular overactivity and subsequent pain and/or inflammation. Pro-actively discussing triggers and aggravating factors with your physiotherapist (e.g. sitting too long, actively lifting the surgical leg too early in the postoperative period, early weight-bearing, sleeping position, etc) will help you stay out of trouble and navigate a smooth recovery process.