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Post Operative Hip Arthroscopy Procedure Form

Femoracetabular Impingement (FAI)

Femoral Osteochondroplasty

Acetabular Rim Trimming

Acetabular Labrum

Repair

Debridement

Location: ___ o'clock to ___ o'clock

Articular Cartilage

Microfracture -

Femur

Acetabulum

Capsular Modification

Plication/Repair

Capsular release

Extra-Articular Soft Tissue Procedures

Partial Iliopsoas release

ITB Release

Peritrochanteric Space

Bursectomy

Gluteus Medius/minimus repair

Deep Gluteal Space

Release or Debridement

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Post Operative Weight Bearing restrictions

- ❖ 10% WB x 3 weeks if no Microfracture, then progress toward WBAT
- ❖ 10% WB x 6-8 weeks if Microfracture, then progress toward WBAT
- ❖ Avoid all lifting and combined flexing/rotating hip for 2-3 weeks
- ❖ Limit consecutive sitting to 30 minutes at a time
- ❖ Encourage prone lying 2-3 hours/day (for anterior hip stretching)
- ❖ DO NOT PUSH THROUGH PAIN WITH ANY THEREX OR ACTIVITY

Post Operative Range of motion restrictions for hip arthroscopy

- ❖ Flexion limited to 90 degrees x 2 wks
- ❖ Abduction limited to 30 degrees x 2 wks
- ❖ Internal rotation at 90 degrees flexion limited to 20 degrees x 3wks
- ❖ External rotation at 90 degrees of flexion limited to 30 degrees x 3 wks
- ❖ Prone internal rotation and log roll IR- no limits
- ❖ Prone external rotation limited to 20 degrees x 3 wks
- ❖ Prone hip extension limited to 0 degrees x 3 wks

Phase 1 - Rehabilitation Goals (weeks 1-6)

- ❖ Scar massage: Incision portals – begin post op day 2 – wk 3
- ❖ Soft tissue mobilization should be initiated immediately
- ❖ Joint mobilization initiated week 3 and continued throughout therapy
- ❖ Begin passive range of motion within post operative restrictions
- ❖ Initiate muscle activation and isometrics to prevent atrophy
- ❖ Progress range of motion promoting active range of motion and stretching
- ❖ Emphasize proximal control of hip and pelvis with initial strengthening
- ❖ Initiate return to weight bearing and crutch weaning
- ❖ Normalize gait pattern and gradually increase weight bearing
- ❖ Initiate aquatic therapy after week 3 (all incisions must be well healed)
- ❖ Stationary Bike may be initiated immediately (pain free), but no impact exercises

Phase 2 - Rehabilitation Goals (weeks 6-12)

- ❖ Return the patient to community ambulation and stair climbing without pain using a normal reciprocal gait pattern
- ❖ Elliptical Trainer may be initiated after week 6 - NO TREADMILL TRAINING UNTIL WEEK 12
- ❖ Continue to utilize manual techniques to promote normal muscle firing patterns and prevent soft tissue irritation
- ❖ Progress strengthening exercises from double to single leg

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- ❖ Promote advanced strengthening and neuromuscular re-education focusing on distal control for complex movement patterns
- ❖ Progress the patient to phase 3 rehabilitation (after 12 weeks) with appropriate control and strength for sport specific activities