Arthroscopic Partial Psoas Release with or without FAI Component and Labral Debridement Rehab Protocol Prescription

Patient Name: __________________________  Date: __________________________

Diagnosis: Internal/psoas snapping  labral tear  FAI
Frequency: 2-3 visits/week  Duration: 4 months

General Guidelines:
- Normalize gait pattern with brace and crutches
  - Stress extension phase of gait
- CPM Machine
  - 4 hours/day or 2 hours if on bike
- Often in more pain compared to other hip arthroscopy procedures

Rehabilitation Goals:
- Seen post-op day 1
- Seen 1x/week for first month
- Seen 2x/week for second month
- Seen 2-3x/week for third month

Precautions following Hip Arthroscopy: (Debridement/Iliopsoas Release)
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites and hip flexor region
- Increase range of motion focusing on rotation and flexion

Guidelines:
Weeks 0-2
- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x/day)

Adapted from www.bryankellymd.com
- Scar massage to portals and hip flexor tendon
- Hip PROM as tolerated
- Supine hip log rolling for rotation
- Bent knee fall outs
- Hip isometrics – NO FLEXION
  - ABD/ADD/EXT/ER/IR
- Pelvic tilts
- Supine bridges
- Neuromuscular electrical stim to quads with short arc quads
- Stool rotations (Hip AAROM ER/IR)
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Stool hip flexor stretch
- Gait training PWB with bilateral crutches
- Modalities

**Weeks 2-4**
- Continue with previous therapy exercises
- Progress weight-bearing
  - Wean off crutches (2→1→0)
- Progress with hip ROM
  - External rotation with FABER
  - Prone hip rotations (ER/IR)
  - BAPS rotations in standing
- Glut/piriformis stretch
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening-isotonics 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, single leg stance
- Bike / Elliptical
- Scar massage
- Bilateral cable column rotations
- Treadmill side stepping from level surface holding on → inclines (week 4)
- Aqua therapy in low end of water

**Weeks 4-8**
- Continue with previous therapy exercises
- Progress with ROM
  - Hip Joint mobs with mobilization belt
    - Lateral and inferior with rotation
    - Prone posterior-anterior glides with rotation

Adapted from www.bryankellymd.com
 Hip flexor and It-band stretching – manual and self
  - Progress strengthening LE
    - Introduce hip flexion isotonics (Be aware of hip flexion tendonitis)
    - Multi-hip machine (open/closed chain)
    - 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

Weeks 8-12
  - Progressive hip ROM
  - Progressive LE and core strengthening
  - Endurance activities around the hip
  - Dynamic balance activities

Weeks 12-16
  - Progressive LE and core strengthening
    - Plyometrics
    - Treadmill running program
    - Sport specific agility drills

3, 6, and 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

Concerns or questions:
Duncan (clinical nurse specialist – Dr. Kaar) at (314) 577-8525 / email: dmchardy@slu.edu
Julia (clinical nurse specialist – Dr. Kim) at (314) 577-8524 / email: santiagoja@slu.edu
General office at (314) 256-3850 (SLU South Campus Clinic); (314) 768-1050 (St Mary’s Clinic);
Cardinal Glennon (314) 577-5640

Physician Signature:

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