



Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service

Arthroscopic Partial Psoas Lengthening 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

- 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