

Post Operative Hip Arthroscopy Rehabilitation Protocol Labral Repair With or Without FAI Component

ROM Restrictions:

-Perform PROM in patient's PAIN FREE Range

FLEXION	EXTENSION	EXTERNAL	INTERNAL	ABDUCTION
		ROTATION	ROTATION	
Limited to:	Limited to:	Limited to:	Limited to:	Limited to:
90 degrees x 2	0 degrees x 3	*30 degrees @ 90	*20 degrees @ 90	30 degrees x 2
weeks (may go	weeks	degrees of hip	degrees of hip	weeks
higher in the CPM)		flexion x 3 weeks	flexion x 3 weeks	
		*20 degrees in	*No limitation in	
		prone x 3 weeks	prone	

Weight Bearing Restrictions: Gait Progression:

20# FOOT FLAT Weight Bearing	Beginto D/C crutchesat 3 weeks (6 wksif
-for 3 weeks (non-Micro-fracture)	MicroFracture is performed).
-for 6 weeks (with Microfracture)	Patient may be fully off crutches and brace
	once gait is PAIN FREE and NON-
	COMPENSATORY

PATIENT PRECAUTIONS:

- -NO Active lifting of the surgical leg (use a family member/care taker for assistance/utilization of the non-operative leg) for approximately 4 weeks
- -NO sitting greater than 30 minutes at a time for the first 3 weeks
- -DO NOT push through pain



POST-OP DAY 1/INITIAL PHYSICAL THERAPY VISIT:

☑ Check List:

Activity/Instruction	Frequency	Completed ?
Instructed in ambulation and stairs with crutches and 20# FFWB		
Upright Stationary bike no resistance	20 minutes daily	
CPM usage	4 hours/day (decrease to 3 hours if stationary bike used for 20')	
Instruction on brace application/usage		
PROM (circumduction, abduction, log rolls) instructed to the family/caregiver *maintain restrictions for 3 weeks	20 minutes; 2 times each day	
Prone lying	2-3 hours/day	
Isometrics (quad sets, glut sets, TA activation)	Hold each 5 seconds, 20 times each, 2x/day	

PHASE 1

Goal: Protect the Joint and Avoid Irritation

- -Goal is symmetric ROM by 6-8 weeeks
- -NO Active open chain hip flexor activation
- -Emphasize Proximal Control
- -Manual Therapy to be provided 20-30 minutes/PT session

Date of surgery:	Week	1	2	3	4	5	6
Stationary bike (20 min, Increase time at week 3 as patient	Daily						
tolerates)							
Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas,	Daily (20-30 minutes						
QL	each						
and Inguinal ligament)	session)						
Isometrics	daily						
-quad, glutes, TA							



Diaphragmatic breathing	daily			
Quadriped -rocking, pelvic tilts, arm lifts	daily			
Anterior capsule stretches: surgical leg off table/Figure 4	daily			
Clams/reverse clams	daily			
TA activation with bent knee fall outs	daily			
Bridging progression	5x/week			
Prone hip ER/IR, hamstring curls	5x/week			



PHASE 2

Goal: Non-Compensatory Gait and Progression

- -Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns
- -Provide tactile and verbal cueing to enable non-compensatory gait patterning
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -If MicroFracture was performed, Hold all weight bearing exercises until week 6

Date of Surgery:	Week	3	4	5	6	7	8	9	10
Progress off crutches starting week 3									
Continuation of soft tissue mobilization to treat	2x/week								
specific restrictions									
Joint Mobilizations posterior/inferior glides	2x/week								
Joint Mobilizations anterior glides	2x/week								
Prone hip extension	5x/week								
Tall kneeling and 1/2 kneeling w/ core and	5x/week								
shoulder									
girdle strengthening									
Standing weight shifts: side/side and	5x/week								
anterior/posterior									
Backward and lateral walking no resistance	5x/week								
Standing double leg ⅓ knee bends	5x/week								
Advance double leg squat	5x/week								
Forward step ups	5x/week								
Modified planks and modified side planks	5x/week								
Elliptical (begin 3 min, ↑ as tolerated)	3x/week								



Phase 3

Goal: Return the Patient to Their Pre-Injury Level

- -Focus on more FUNCTIONAL exercises in all planes
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -More individualized, if the patients demand is higher than the rehab will be longer

Date of surgery	Week	8	9	10	11	12	16
Continue soft tissue and joint mobilizations	2x/						
PRN	week						
Lunges forward, lateral, split squats	3x/						
	week						
Side steps and retro walks w/ resistance	3x/						
(begin w/resistance more proximal)	week						
Single leg balance activities: balance, squat,	3x/						
trunk rotation	week						
Planks and side planks (advance as	3x/						
tolerated)	week						
Single leg bridges (advance hold duration)	3x/						
	week						
Slide board exercises	3x/						
	week						
Agility drills (if pain free)	3x/						
	week						
Hip rotational activities (if pain free)	3x/						
	week						



Phase 4

Goal: Return to Sport

- -It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery
- -Perform a running analysis prior to running/cutting/agility
- -Assess functional strength and obtain proximal control prior to advancement of phase 4

Date of surgery	Week	16	20	24	28	32
Running		In Alter G				
Agility						
Cutting						
Plyometrics						
Return to sport specifics						