



Rehabilitation Protocol: Hip Arthroscopy – Labral repair / Reconstruction & Osteoplasty

Phase I (Weeks 0-2)

- **Goals:**
 - Protect post surgical hip
 - Restore normal hip ROM
 - Restore leg control
- **Weightbearing:**
 - Partial weight bearing (20lbs Max) for 2-3 weeks post op
 - Non Weight bearing x 6 weeks if microfracture was performed
- **Range of Motion:**
 - Limit hip flexion to 90°
 - May start on a stationary bike **without** resistance at 1-2 days post-op
 - Passive Range of Motion and stretching under guidance of PT
- **Therapeutic Exercises**
 - Passive ROM to tolerance
 - Ankle pumps
 - Gluteal/Quadriceps/Hamstring isometrics
 - Stationary bike without resistance
 - Heel slides
- **Precautions:**
 - Do not push ROM to the point of pain in any plane
 - Avoid excessive / aggressive stretching
 - Avoid all impact activities x 12 weeks
 - Avoid straight leg raises to help prevent iliopsoas tendonitis / scarring x 4 weeks

Phase II (Weeks 2-4)

- **Criteria for Progression to Phase II**
 - Minimal pain with all Phase I exercises
 - ROM >75% of uninvolved side
- **Weightbearing:**
 - Progress to full weight bearing by 3-4 weeks
 - NWB x 6 weeks for microfracture procedure
- **Range of Motion:**
 - Advance to full/painless ROM
- **Therapeutic Exercises**
 - Passive ROM to tolerance
 - Continue exercise bike with increasing resistance as tolerated
 - Closed chain bridging
 - Glut/piriformis stretch
 - Clam shells – isometric side lying abduction
 - Balance exercises
 - Progress from double to single leg bridges if no hip pain
 - Pool exercises if available



Phase III (Weeks 4-6)

- **Criteria for Progression to Phase III**
 - Minimal pain with all Phase II exercises
 - Full ROM
 - Pain-free / normal gait
- **Weightbearing:**
 - Progress to WBAT, wean off crutches
 - NWB x 6 weeks for microfracture procedure
- **Range of Motion:**
 - Full/painless ROM
- **Therapeutic Exercises**
 - Elliptical machine working up to 20 minutes per day
 - Resisted prone IR/ER
 - 3 way leg raises
 - kneeling hip flexor stretch
 - 1/3 partial squats
 - Balancing exercises – single leg balance (dyna disc)
 - Open chain above knee resistive theraband or pulley exercises as tolerated
- **Precautions**
 - No forced stretching
 - Avoid hip flexor, adductor or piriformis inflammation

Phase IV (Weeks 6-8)

- **Criteria for Progression to Phase IV**
 - Minimal pain with all Phase III exercises
- **Goals:**
 - Regain and improve muscular strength
- **Therapeutic Exercises**
 - Progress strengthening - Leg press (bilateral to unilateral)
 - Progress core strengthening – core / side planks
 - Progress proprioception and balance
 - Single leg cord rotation
 - Side stepping with theraband
 - Hip hiking on stairmaster
- **Precautions**
 - No forced stretching
 - Avoid hip flexor, adductor or piriformis inflammation



BANTOO SEHGAL, M.D.
Orthopedic Surgery

Phase V (Weeks 8-12)

- **Criteria for Progression to Phase V**
 - Minimal pain with all Phase IV exercises
 - Progression to Phase V will also be determined by Dr. Sehgal during the 6 week post op visit
- **Goals:**
 - Regain and improve muscular strength and endurance
- **Therapeutic Exercises**
 - Progress LE and core strengthening
 - Endurance activities around the hip / initial agility drills
 - Dynamic balance activities
 - Side to side lateral agility
 - Forward/backward running with cord
 - Running progression
- **Precautions**
 - Impact activities for at least 12 weeks - NO RUNNING, NO JUMPING