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POST-OPERATIVE REHABILITATION PROTOCOL

Hip Arthroscopy with Labral Repair

With or Without FAI Component — Therapy Protocol

ROM RESTRICTIONS

- Perform PROM in patient's PAIN FREE Range

Flexion	Extension	External Rotation	Internal Rotation	Abduction
Limited to: 90 degrees x 2 weeks	Limited to: 0 degrees x 3 weeks	Limited to: *30 degrees @ 90 degrees of hip flexion x 3 weeks *20 degrees in prone x 3 weeks	Limited to: *20 degrees @ 90 degrees of hip flexion x 3 weeks *No limitation in prone	Limited to: 30 degrees x 2 weeks

Weight Bearing Restrictions:	Gait Progression
20# FOOT FLAT Weight Bearing -for 3 weeks (non-Micro-fracture) -for 6 weeks (with Microfracture)	Begin to D/C crutches at 4 weeks (6 wks if MicroFracture is performed). Patient may be fully off crutches and brace once gait is PAIN FREE and NONCOMPENSATORY

PATIENT PRECAUTIONS

- NO active lifting of the surgical leg (use a family member/caretaker 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	20 minutes; 2 times each day	
*Maintain restrictions for 3 weeks		
Prone lying	2–3 hours/day	
Isometrics (quad sets, glut sets, TA activation)	Hold each 5 seconds, 20 times each, 2x/day	

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Phase 1

- **Goal:** Protect the Joint and Avoid Irritation

PT POINTERS

- Goal is symmetric ROM by 6–8 weeks; 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 tolerates)	Daily	✓					
Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament)	Daily (20–30 minutes each session)	✓					
Isometrics - quad, glutes, TA	daily	✓					
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

PT POINTERS

- 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 specific restrictions	2x/week	✓							
Joint Mobilizations posterior/inferior glides	2x/week			✓					
Joint Mobilizations anterior glides	2x/week					✓			
Prone hip extension	5x/week	✓							
Tall kneeling and ½ kneeling w/ core and shoulder girdle strengthening	5x/week	✓							
Standing weight shifts: side/side and anterior/posterior	5x/week	✓							
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

PT POINTERS

- 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 PRN	2x/week	✓					
Lunges forward, lateral, split squats	3x/week	✓					
Side steps and retro walks w/ resistance (begin w/ resistance more proximal)	3x/week	✓					
Single leg balance activities: balance, squat, trunk rotation	3x/week	✓					
Planks and side planks (advance as tolerated)	3x/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

PT POINTERS

- 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				✓		

Return to Sport & Discharge Criteria

- Non-compensatory gait; pain-free ADLs; symmetric hip ROM
- Hip/core strength ≥90%; functional testing passed
- Return to sport when cleared by Dr. Kelly

Time frames are guidelines — progress when phase goals are met, per Dr. Kelly and the treating therapist.