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Procedure: _____

PT PROTOCOL

Hip Arthroscopy — Labral Repair

Rehabilitation Protocol

Weight-Bearing Status

ONLY IF DIFFERENT FROM PROTOCOL BELOW

Weight-bearing status may be modified if a concomitant procedure was performed (e.g., microfracture, capsular plication/reconstruction, or femoral head chondral procedure). Follow the weight-bearing status in the phases below unless a different status is indicated here.

☐ **Non-weight-bearing** ☐ **Toe-touch / partial weight-bearing** ☐ **Weight-bearing as tolerated**

Brace / precautions: _____

1	2	3	4
Weeks 0–4	**5–12 Weeks**	**12+ Weeks**	**Months 4–6**
Maximum protection & mobility; brace, FFWB, strict ROM limits	Controlled stability & early strength; wean crutches, normalize gait	Advanced, multi-directional & plyometric training; sport-specific progressions	High-level activity; functional sport test, return to sport

Milestones above are goals, not guarantees; progression is criterion-based. Microfracture procedures extend Phase 1 weight-bearing/CPM to 6–8 weeks and shift Phase 2 onset to week 9.

Phase 1 — Weeks 0–4 (0–8 if microfracture)

Brace: Worn for 3 weeks (range 0–120°) whenever walking; not required when sitting or lying down.

Weight-Bearing

- **Non-microfracture:** 20 lb flat-foot weight-bearing (FFWB) with crutches for 3 weeks, then 50% weight-bearing for 1 week, then weight-bearing as tolerated.
- **Microfracture:** 20 lb FFWB for 6 weeks, then wean as tolerated over 1 week.

Range of Motion

- Flexion 0–120° for 3 weeks; abduction 0–45° for 3 weeks.
- No external rotation for 2 weeks; extension limited to 0° (no hyperextension) for 3 weeks.
- Internal rotation and adduction: no limit.
- Avoid hip flexion past 90° and avoid sitting at 90° of hip flexion for the first 2 weeks (use a higher chair, recliner, or slouched position).
- Lie prone a minimum of 2 hours per day.

Therapeutic Exercises

- Non-resistant stationary bike, 20 minutes, 1–2 times/day, up to 6 weeks.
- Passive circumduction, 2 times/day for 2 weeks, then daily through week 10.
- Isometrics: transverse abdominis, glute sets, quad sets.
- Gentle, pain-free stretching: hip flexor, quadriceps, hamstrings, piriformis.
- Active range of motion: reverse butterflies, supine abduction/adduction on a slideboard, cat-camel (from week 2).
- Aquatic program (aquajogging, light kicking) and upper-body/cardio conditioning as tolerated; ice and compression as needed.
- *For microfracture procedures only: continuous passive motion (CPM), 30–70° in 10° of abduction, 6–8 hours/day for 8 weeks.*

Phase 2 Weeks 5–12 (9–12 if microfracture)

Weight-Bearing: Wean off crutches beginning week 3 (week 6 if microfracture): progress from 50% to 75% flat-foot weight-bearing for 1–3 days, then to 100% flat-foot weight-bearing with crutches for 1–3 days, then discontinue crutches once tolerated without a limp. If soreness increases, return to the previous level for 1–2 days.

Range of Motion

- Goal: full range of motion, with mild stiffness into external rotation expected.
- No treadmill use recommended; avoid ballistic or aggressive stretching; avoid hip flexor and adductor irritation.

Therapeutic Exercises

- Gait training with emphasis on glute/core control; weight-shifting exercises (lateral, forward/backward, single-leg stance) progressing to forward-shift Romanian deadlifts.
- Continue non-resistant stationary bike, circumduction, and prone lying as in Phase 1.
- Continue Phase 1 exercises, adding: double-leg bridges with theraband, prone hip extension off edge of bed, resisted stool rotations, double knee bends progressing to calf raise, reverse lunge with static hold.
- Progress hip flexor, quadriceps, hamstring, and IT band stretching.
- Progress aquatic pool program and cardiovascular/upper-body conditioning as tolerated.

Phase 3 Weeks 12+

Weight-Bearing: Full; no assistive device.

Range of Motion

- Progress toward full, pain-free range of motion in all planes.

Therapeutic Exercises

- Advanced multi-directional and plyometric training: side-to-side and diagonal lateral agility with resisted cord, forward box lunges with cord.
- Plyometrics: water-to-dry-land progression, beginning with chest-deep water bounding.
- Straight-plane agility drills: chop-downs/back pedaling, side shuffles.
- Sport-specific return progressions as appropriate (running, skating, dance, golf), advancing weekly per protocol; no treadmill for running progression — begin on a soft surface or grass.
- Continue progressing cardiovascular training (70–90% max heart rate) and sport-specific upper-body conditioning.

Phase 4 Months 4–6

Weight-Bearing: Full; unrestricted.

Range of Motion

- Full, pain-free range of motion in all planes.

Therapeutic Exercises

- Functional Sport Test — passing indicates clearance to progress training for sport at the surgeon's discretion.
- Multi-plane agility: Z-cuts, W-cuts, carioca, and cross-over hop drills.
- Advanced sport-specific training and plyometrics; maximize pre-surgery fitness regimen (running, cycling, skating, swimming, strengthening).
- Continued conditioning and sport-specific agility become the responsibility of the patient and coach once cleared.