



Hip Arthroscopy Labral Repair

Post-Operative Rehabilitation Protocol

Initial PROM Restrictions Post-op Week 0-3

FLEXION	EXTENSION	EXTERNAL ROTATION	INTERNAL ROTATION	ABDUCTION
Limited to: 90° x 2 wks (may go higher in the CPM)	Limited to: 0° x 3 wks	Limited to: 30° at 90° of hip flexion x 3 wks 20° in prone x 3 wks	Limited to: 20° at 90° of hip flexion x 3 wks *No limitations in prone*	Limited to: 30° x 2 wks

Post-Op Protocol

0-1 week

- WB Status
 - TTWB (20%) for 2 weeks with brace and crutches
 - Provide instructions for ambulation and stairs with crutches
- Suggested Therapeutic Exercises
 - Upright stationary bike with no resistance
 - 20 minutes daily
 - CPM usage 4 hours/day
 - Can decrease to 3 hours if stationary bike is used.
 - Begin PROM (circumduction, abduction, log rolls)
 - 20 minutes for 2 times per day
 - Provide instructions to family member/caregiver.
 - Maintain provide PROM restriction x 3 weeks.
 - Prone lying: 2-3 hours per day
 - Isometrics (quad sets, glut sets, TA activation)
 - Hold each 5 seconds, 20x each for 2 times per day.
- Post-op brace instructions:
 - Wear at all times with ambulation
 - Can use brace or abduction pillow for sleep x 2 weeks.

1-3 weeks

- 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.

Weight
Bearing Status

TTWB x 2
weeks

Brace Settings

Locked 0-90°
when
ambulating or
sleeping.
Patient may
sleep in brace
or abduction
pillow.



1-3 weeks

(continued)

- Manual therapy should be provided 20-30 min/session.
- Suggested Therapeutic Exercises:
 - Continue stationary bike.
 - 20 min can increase time at week 3 as tolerated.
 - Soft tissue mobilization: 20-30 min each session
 - Specific focus on adductors, TFL, QL, and inguinal ligament.
 - Isometrics: quads, glutes, TA (week 1-2)
 - Diaphragmatic breathing (week 1-2)
 - Quadriped: rocking, pelvic tilts, arm lifts
 - Anterior capsule stretches: surgical leg off table/figure 4
 - Clams/reverse clams (week 1-3)
 - TA activation with bent knee fall outs (week 1-3)
 - Bridging progression: 5x/week (week 2-6)
 - Prone hip ER/IR, hamstring curls: 5x/week (week 2-6)
- WB Status:
 - Begin WBAT progression starting at 2 weeks: advance from TTWB to PWB (30% then 50%) then continue to progress until full WBAT under PT guidance.
 - Progress off crutches beginning at 3 weeks.
 - Can discontinue brace at the same time crutches are discontinued.
 - If micro-fracture/core decompression, or subchondroplasty WBAT progression does not begin until 6 weeks post-op

3-8 weeks

- 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/core decompression, or subchondroplasty was performed hold all weightbearing exercises until week 6.
- Suggested Therapeutic Exercises:
 - Continue stationary bike.
 - 20 minutes can increase time at week 3 as tolerated.
 - Continue soft tissue mobilization: 20-30 min each session.
 - Targeting specific restrictions.
 - Continue anterior capsule stretches: surgical leg off table/figure 4.
 - Continue bridging progression, prone hip ER/IR, hamstring curls until 6 weeks post-op.
 - Begin prone hip extension: 5x/week (week 3-5)
 - Perform tall kneeling and ½ kneeling with core and shoulder girdle strengthening: 5x/week (week 3-6)
 - Standing weight shifts: side/side and anterior/posterior: 5x/week (week 3-5)
 - Backward and lateral walking no resistance: 5x/week (week 3-4)
 - Standing double leg 1/3 knee bends: 5x/week (week 4-6)
 - Advance double leg squat 5x/week (week 6-10)
 - Forward step ups: 5x/week (week 6-10)
 - Modified planks and modified side planks: 5x/week (week 6-10)
 - Elliptical: may begin with 3 min at 6 weeks, increase as tolerated.
 - Joint Mobilizations:
 - Posterior/inferior glides 2x/week (week 6-10)
 - Anterior glides 2x/week (week 7-10)



3-8 weeks

(continued)

- WB Status:
 - Continue WBAT progression.
 - Progress off crutches beginning at 3 weeks post-op.
 - Can discontinue brace at the same time crutches are discontinued.
 - If micro-fracture/core decompression, or subchondroplasty WBAT progression does not begin until 6 weeks post-op.

8-16 weeks

- 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: the patient's demand is higher than rehab will be longer.
- Suggested Therapeutic Exercises:
 - Continue soft tissue and joint mobilizations as needed.
 - Lunges forward, lateral, split squats: 3x/week
 - Side steps and retro walks with resistance (begin with resistance more proximal): 3x/week.
 - Single-leg balance activities-balance, squat, trunk rotation: 3x/week
 - Planks and side planks (advance as tolerated)
 - Single-leg bridges (advance whole duration)
 - Slide board exercises: 3x/week
 - Agility drills (if pain-free): 3x/week
 - Hip rotational activities (if pain-free): 3x/week.

16-32+ weeks

- Goal: Return to sport.
- PT Pointers:
 - It typically takes 4-6 months to return to sport, possibly 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.
- Suggested Therapeutic Exercises:
 - Running progression, begin on Alter G at week 16 progress as tolerated.
 - Agility exercises beginning week 20.
 - Multidirectional/cutting activities beginning week 24.
 - Plyometrics beginning week 24.
 - Return to sport specific exercises beginning week 24.



Exercise	Week															
	1	2	3	4	5	6	7	8	9	10	12	16	20	24		
Initial Exercises:																
PROM (circumduction, abduction, log rolls)	■															
Prone lying	■															
Soft Tissue mobilization	■															
Isometrics (quad, glutes, TA)	■															
Quadriped Rocking		■														
Anterior capsule stretches		■			■											
Clams/reverse clams	■															
Joint Mob post/inf (begin anterior at 7 weeks post-op)						■										
Bridging progression (5x/week)		■														
Prone hip ER/IR, hamstring curls (5x/week)		■														
Crutch weaning	TTWB		■													
Weight-bearing Strength Exercises:																
Standing weight shifts (side/side, ant/post)			■													
Hip Hinge Training			■													
Double Leg Squats						■										
Forward Step Ups						■										
Lunges (forward, lateral, split squats)							■									
Single Leg Balance (squat, trunk rotation)							■									
Single Leg Bridges							■									
Modified planks/side planks						■										
Cardiovascular Exercises:																
Bike with both legs-no resistance	■															
Bike with both legs-resistance			■													
Aquajogging							■									
Treadmill-walking 7% incline							■									
Swimming with fins-light flutter kick							■									
Elliptical Trainer							■									
Rowing											■					
Stair stepper											■					
Agility Exercises:																
Running Progression													■			
Initial-Single Plane													■			
Advance-Multi Directional													■			
High Level Activities:																
Golf Progression													■			
Outdoor biking, hiking, running													■			
Return to Full Sport at 6 months post-op													■			

Adapted from post-operative protocol created by Howard Head Physical Therapy, Jill Monson, PT, OCS and Jon Schoenecker, PT, OCS, CSCS