

Rehabilitation Protocol: Hip Arthroscopy – Labral Reconstruction

Date of Surgery: _____

Procedure: ☐ Labral Reconstruction ☐ Femoroplasty ☐ Acetabuloplasty ☐ Capsular Repair

Protect the Hip: No active open chain hip flexor activation early (avoid psoas irritation). Goal is symmetric ROM by 6–8 weeks. Advance exercises only with good proximal and distal control.

Please contact our office with any questions or concerns.

☐ Phase I – Protection (Weeks 0–3)

- **Weightbearing: Flat foot (FFWB) (20%) with crutches and brace for 4 weeks**
- **Hip Brace:** Locked 0–90°. **Wear with all ambulation for 4 weeks** (discontinue with crutches); brace or abduction pillow for sleep for 2 weeks
- **Range of Motion** – PROM restrictions for 3 weeks:

Flexion	Extension	ER	IR	Abduction
90° × 2 wks	0° × 3 wks	30° at 90° flexion × 3 wks; 20° prone × 3 wks	20° at 90° flexion × 3 wks; no limit prone	30° × 2 wks

- **Therapeutic Exercises**
 - Upright stationary bike, no resistance, 20 minutes daily (may increase time at week 3)
 - PROM (circumduction, abduction, log rolls) 20 minutes twice daily – teach family/caregiver (weeks 0–3)
 - **Prone lying 2–3 hours per day**
 - Isometrics (quad sets, glute sets, TA activation) 5-second holds × 20, twice daily; diaphragmatic breathing (weeks 1–2)
 - Soft tissue mobilization 20–30 minutes/session: adductors, TFL, QL, inguinal ligament
 - Clams/reverse clams; TA activation with bent knee fall-outs (weeks 1–3)
 - Quadruped rocking, pelvic tilts, arm lifts
 - **Week 2+:** Bridging progression; prone hip ER/IR and hamstring curls (5×/week)
 - **Week 3+:** Anterior capsule stretches (leg off table, figure 4); prone hip extension
- **Criteria to Progress:** Pain controlled at rest and with ambulation; independent with HEP and precautions; tolerating PROM within restrictions

☐ Phase II – Gait Normalization (Weeks 3–8)

- **Weightbearing: Begin WB progression at 4 weeks:** FFWB to 30%, then 50% PWB, then WBAT under PT guidance; discontinue brace with crutches. Avoid compensatory gait – tactile and verbal cueing
- **Return to Sexual Activity:** Typically by ~6 weeks as comfort allows; avoid deep flexion with abduction/ER and hip extension past neutral early
- **Therapeutic Exercises**
 - Continue bike, soft tissue work, anterior capsule stretches; bridging, prone ER/IR, hamstring curls until week 6
 - **Weeks 4–6:** Tall and half-kneeling core/shoulder girdle work; standing weight shifts; hip hinge training
 - **Weeks 5–6:** Backward and lateral walking (no resistance); double-leg 1/3 knee bends; bike with resistance

- **Week 6+:** Forward step-ups; modified front/side planks; elliptical (start 3 minutes); joint mobilization – posterior/inferior glides (anterior glides at week 7)
- **Week 7+:** Aquajogging, treadmill walking at 7% incline, swimming with fins (light flutter kick)
- **Week 8+:** Double-leg squats, lunges, single-leg balance, single-leg bridges
- **Criteria to Progress:** Non-compensatory gait without assistive device or brace; good proximal and distal control with exercises; symmetric ROM by 6–8 weeks; single leg stance 10 seconds without trunk/hip deviation; hip-hinge driven double-leg squat

☐ **Phase III – Functional Strengthening (Weeks 8–16)**

- **Therapeutic Exercises**
 - Lunges (forward, lateral, split squats) 3×/week
 - Resisted side steps and retro walks (resistance proximal first)
 - Single-leg balance with squat and trunk rotation; single-leg bridges
 - Planks and side planks; slide board; agility drills and hip rotational activities if pain-free
 - **Week 10+:** Rowing, stair stepper
 - Continue soft tissue and joint mobilization as needed
- **Criteria to Progress:** Good proximal control and functional strength in all planes; single leg stance >30 seconds; controlled 6–8" step-down; strength >80% of non-operative side; 60-second front/side planks; 10 controlled single-leg bridges

☐ **Phase IV – Return to Sport (Weeks 16–32+)**

- **Therapeutic Exercises**
 - Running analysis before running/cutting/agility; assess functional strength and proximal control before advancing
 - **Week 16:** Running progression on AlterG, single plane – once able to hold 60-second side plank each side and perform 10 single-leg bridges and 10 controlled single-leg squats each leg (or 30-second step-down test on 8" box within 10% of other side)
 - **Week 20:** Agility exercises
 - **Week 24:** Multidirectional/cutting, plyometrics, sport-specific exercises; golf progression; outdoor biking, hiking, running
- **Return to Sport: After 6 months** with physician clearance; maximal recovery may take up to 1 year
- **Criteria for Return to Sport:** Symptom-free sport-specific movement; strength within 10% of non-operative side; full ROM; hop, Star Excursion/Y-balance, and agility testing within 10%; Hip-RSI ≥65; physician clearance