

Rehabilitation Protocol: Hip Arthroscopy – Labral Repair or Debridement

Date of Surgery: _____

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

Protect the Hip: No active hip flexion or straight leg raises early (avoid psoas irritation). No hip extension past neutral or pivoting on the operative leg. **ER max 20° for 2 weeks, 30° through 6 weeks.**

Hip Brace: ☐ Yes – wear for 2 weeks (or ____ weeks) ☐ No

Progression is both time- and criteria-based. Outcome measures: LEFS, NPRS (Hip-RSI for return to sport). Please contact our office with any questions or concerns.

☐ **Phase I – Protection (Weeks 0–2)**

- **Weightbearing: Protected full weightbearing with crutches for 2–4 weeks.** Progressive weightbearing may begin at 10–14 days; wean crutches 2, then 1, then none
- **Precautions:** No active hip flexion, straight leg raises, or bird dogs; no hip extension past neutral (pillow under hips if prone); **ER max 20°**; no open chain hip activation except isometrics; no pivoting on the operative leg
- **Range of Motion** – Formal PT begins POD 1. PROM: flexion, ER (within limits), IR; supine log rolling; flexion with ER/IR within limits; gentle quadruped rocking; prone AROM IR and ER (within limits)
- **Therapeutic Exercises**
 - Upright stationary bike, no resistance, 20 minutes (raise seat; caution with psoas release or pelvic floor pain)
 - Isometrics: hip abduction, adduction, extension, ER; quad sets to short arc quads; pelvic tilts; abdominal setting
 - Bent knee fall-outs (within limits); calf raises
 - Soft tissue mobilization to gluteals, abductors, adductors, TFL (avoid incisions); scar management; cryotherapy 20–30 minutes frequently
- **Criteria to Progress:** Normalized gait with assistive device; no pain at rest or with ambulation; PROM flexion 75°, IR 15°

☐ **Phase II – Early Strengthening (Weeks 2–6)**

- **Weightbearing:** Progressive weightbearing; continue assistive device until gait is symmetric and reciprocal without compensation (typically off crutches by 2–4 weeks), wean from 2 to 1 to 0 crutches starting at 2 weeks
- **Precautions:** **ER max 30° through 6 weeks.** No straight leg raises or bird dogs; limit repeated active hip flexion; no premature gym equipment for hip strengthening
- **Range of Motion** – Hip ROM with stable pelvis (bent knee fall-outs, quadruped rocking); gentle self-stretching of quadriceps, hip flexors, adductors within limits; **flexion 90° by week 4**
- **Return to Sexual Activity:** Typically by **~6 weeks** as comfort allows; avoid positions of deep flexion with abduction/ER and hip extension past neutral early
- **Therapeutic Exercises**
 - Glute bridges, mini squats (sit to stand), quadruped exercises; clamshells if symptom-free; side-lying abduction; prone extension with pillow under hips
 - Side stepping with band at knees, progressing to ankles
 - **Week 3+:** Leg press; step-downs from tolerated height

- Core: Pallof press/cable column press, modified forearm and side planks, hooklying core with arm movements
- Stationary bike 10–20 minutes daily
- Balance: weight shifting, double to single limb, progressing surfaces (floor, foam, board)
- **Criteria to Progress:** Symmetric hip-hinge squat; single leg stance 10 seconds without trunk/hip deviation; symptom-free ADLs; normal gait without device; flexion $\geq 90^\circ$, ER 30° , IR 20°

☐ Phase III – Strengthening (Weeks 7–12)

- **Precautions:** No supine straight leg raises; avoid hip flexor tendinitis; avoid aggressive PROM/stretching and overuse of soft tissue work; gym progression with PT oversight
- **Range of Motion** – Progress symptom-free end-range ROM; joint mobilizations with belt (lateral, inferior, prone P-A glides) for pain/ROM as needed
- **Therapeutic Exercises**
 - Squats (symmetry and depth), lunge progression, single-leg press, single-leg bridges
 - Step-downs, then step-ups: 4", then 6", then 8"; double and single leg press (concentric and eccentric)
 - Begin hip flexor strengthening to tolerance (isometrics, bands, functional)
 - Core: Pallof press, dead bug, bird dog, front/side planks, kneeling rotational work
 - Step-ups/step-downs – increase height before adding load
 - Balance with perturbations; windmills, lawnmowers, Star Excursion
 - Light agility and plyometrics once strength base is adequate; bike, then elliptical
 - Elliptical; aquatic therapy if available
- **Criteria to Progress:** Good dynamic balance; single leg stance >30 seconds; controlled 6–8" step-up/down; strength $>80\%$ of non-operative side; flexion $100\text{--}110^\circ$, ER 45° , IR 30° ; 60-second front/side planks; 10 controlled single-leg bridges

☐ Phase IV – Advanced Strengthening and Return to Run (Weeks 13–16+)

- **Therapeutic Exercises**
 - Deadlifts (double to single leg), progressive resistance; single-leg and stability ball bridges
 - Sport/activity-specific progression: single to multiplanar, slow to fast, unloaded to loaded
 - Agility: light jump rope, agility ladder, double- and single-leg hops; dynamic balance; dynamic planks
 - **Return to run** (AlterG or walk/jog intervals) once able to: hold 60-second side plank each side; 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); control pelvis during plyometrics
- **Criteria to Progress:** Lumbopelvic and hip control; strength $>90\%$ of non-operative side; independent with HEP and gym program

☐ Phase V – Return to Sport (Month 6+)

- **Precautions:** Avoid too much too soon – monitor activity dosing; incorporate rest and recovery
- **Return to Sport: After 6 months** once criteria are met; interval sports program with attention to form and fatigue
- **Therapeutic Exercises**
 - Monitor running technique; advance balance, single-leg strength, and plyometrics with cutting and perturbation
 - Sport-specific agility, endurance, and multidirectional trunk stabilization; collaborate with trainer/coach
- **Criteria for Return to Sport:** Symptom-free sport-specific movement; strength within 10% of non-operative side (5/5 MMT or dynamometry); full ROM; hop, Star Excursion, and T-test within 10%; Hip-RSI ≥ 65 ; physician clearance



Nicole Rynecki Baker, MD

Assistant Professor of Orthopedic Surgery
Division of Sports Medicine
Tel: (561) 209-6900