Hip Arthroscopy Protocol (1)

Labral Repair, Osteoplasty, Non-Micro-fracture

A. 0-3 weeks post-op (Mobility and Early Strength Phase)
   1. Gait: WBAT, with use of AD, wean from crutches as symptoms allow and quality gait pattern.
   2. ROM to tolerance
   3. Frequent cryotherapy and modalities as indicated
   4. Exercise
      a. Avoid symptomatic OKC hip flexion work
      b. Restoring ER ("Fig 4" position), maintains anterior capsular laxity…critical to good outcome. Begin as symptoms allow.
      c. ROM and flexibility work to tolerance
      d. Light, progressive, asymptomatic OKC and CKC functional LE strengthening
      e. Core/trunk strength and stabilization work
      f. Progressive, asymptomatic balance and proprioceptive work
      g. Progressive, asymptomatic, non-impact cardiovascular conditioning (stat. bike)

B. 3-10 weeks post-op (Progressive Dynamic Stability and Progressive Strength Phase)
   1. Restrictions: Do not work and progress through painful symptoms
   2. Continue cryotherapy and modalities as indicated
   3. Exercise
      a. Continue ER ("Fig 4" position) stretching
      b. Progressive OKC, CKC, Balance/Proprioceptive, Gait work
      c. Progressive trunk and core work
      d. Progressive non-impact cardio: (Stationary bike → Elliptical → Treadmill walking)

C. 10-16 weeks post-op (Early Sport Specific Progression)
   1. Interval jog to run progression
   2. Progressive agility work
   3. Light but progressive jumping, hopping, and plyometric work
   4. Sport specific streamlining
   5. Do not work or advance through painful symptoms