Hip Arthroscopy Protocol

Labral Repair, Osteoplasty, Non-Micro-fracture

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A. 0-3 weeks post-op (Maximum Protection and Mobility Phase)
   1. Gait: WBAT, with use of AD
   2. ROM Restrictions
      a. Flex 90°
      b. Abd 45°
   3. Frequent cryotherapy and modalities as indicated
   4. Exercise
      a. Avoid OKC hip flexion work and OKC quad work X 6 weeks post-op
      b. Restoring ER ("Fig 4" position), maintains anterior capsular laxity…critical to good outcome. Start at 2 weeks post-op.
      c. Frequent passive hip circumduction (pendulums) work
      d. ROM and flexibility work within restrictions
      e. LE and core isometrics
      f. Light but progressive OKC hip abduction and extension work
      g. Core/trunk strength and stabilization work
      h. Non-impact cardio, non-resisted stationary bike

B. 3-12 weeks post-op (Controlled Stability and Early Strength Phase)
   1. Gait: May wean from AD as indicated
   2. Restrictions
      a. ROM is to tolerance now in all planes
      b. NO resisted hip flexion/lunges > 90° hip flexion
      c. NO OKC quad or hip flexion work X 6 weeks post-op
   3. Continue cryotherapy and modalities as indicated
   4. 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

C. 12-16 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