

Post-Operative Rehabilitation Guidelines

Hip Arthroscopy, Labral Repair, FAI Correction

ROM Restrictions: (perform PROM within pain free ranges)

1. **Flexion:** Limited to 90° for 2 weeks
2. **Extension:** Limited to 0° for 3 weeks
3. **External Rotation:** Limited to 30° at 90° of hip flexion for 3 weeks; 20° in prone for 3 weeks
4. **Internal Rotation:** Limited to 20° at 90° of hip flexion for 3 weeks; no limitation in prone
5. **Abduction:** Limited to 30° for 2 weeks

Weight Bearing Restrictions:

1. 20-pound flat foot weight bearing for 3 weeks

Gait Progression:

1. Begin to discontinue crutches between 3-4 weeks
2. Patient may be **fully off** crutches/brace **only when:** gait is **pain free** and **non-compensatory**

Patient Precautions:

1. **NO** active lifting of surgical leg for ~3-4 weeks – utilize family member/caretaker for assistance
2. **NO** sitting >30-45 minutes at a time for first 3 weeks
3. **DO NOT** push through pain – can skip day of PT or drop down to previous phase if needed

Initial PT Visit Checklist:

1. Instructed in ambulation and stairs with crutches and 20 lb FFWB
2. Upright stationary bike without resistance – 20 minutes daily
3. Instruction on brace application/usage
4. PROM exercises 20 minutes, 2x per day – circumduction, abduction, log rolls
5. PROM restrictions for 3 weeks
6. Prone lying 2-3 hours per day
7. Isometrics – quad/glute sets, TA activation (hold for 5 seconds, 20x each, 2x per day)

Phase I

Goal	Protect the joint and avoid irritation
PT Pointers	<p>Symmetric ROM by 6-8 weeks</p> <ul style="list-style-type: none"> • NO active open-chain hip flexor activation • Emphasize proximal control • Manual therapy to be provided 20-30 minutes per PT session

Phase I Continued

Exercise/Activity	Frequency	Post-Op Week					
		1	2	3	4	5	6
Stationary bike (20 mins, increasing at week 3, as tolerated)	Daily	X	X	X	X	X	X
Soft tissue mobilization (20-30 mins per session) ** Specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament	Daily	X	X	X	X	X	X
Isometrics – quad, glutes, TA	Daily	X	X				
Diaphragmatic breathing	Daily	X	X				
Quadriped – rocking, pelvic tilts, arm lifts	Daily	X	X	X			
Anterior capsule stretches – surgical leg off table/figure 4	Daily			X	X	X	X
Clams/reverse clams	Daily	X	X	X			
TA activation with bent knee fall outs	Daily	X	X	X			
Bridging progression	5x/week		X	X	X	X	X
Prone hip ER/IR, hamstring curls	5x/week		X	X	X	X	X

Phase II

Goal	Non-Compensatory Gait and Progression
PT Pointers	<ul style="list-style-type: none"> Advance ambulation slowly without crutches/brace a tolerated; 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

Exercise/Activity	Frequency	Post-Op Week								
		3	4	5	6	7	8	9	10	
Progression off crutches (~3 weeks)	Daily	X								
Soft tissue mobilization (20-30 mins per session) ** Focus to the adductors, TFL, Iliopsoas, QL & Inguinal ligament	2x/wk	X	X	X	X	X	X	X	X	X
Joint Mobilization – posterior/inferior glides	2x/wk			X	X	X	X	X	X	
Joint Mobilization – anterior glides	2x/wk				X	X	X	X	X	
Prone Hip Extension	5x/wk	X	X	X						
Tall / $\frac{1}{2}$ kneeling w/ core & shoulder girdle strengthening	5x/wk	X	X	X	X					
Standing weight shifts: side/side & anterior/posterior	5x/wk	X	X							
Backward / lateral walking w/o resistance	5x/wk	X	X							
Standing double-leg 1/3 knee bends	5x/wk		X	X	X					
Advance double-leg squat	5x/wk				X	X	X	X	X	
Forward step ups	5x/wk				X	X	X	X	X	
Modified planks / side planks	5x/wk				X	X	X	X	X	
Elliptical (begin w/ 3 mins, increasing as tolerated)	5x/wk				X	X	X	X	X	

Phase III

Goal	Return to pre-injury level
PT Pointers	<ul style="list-style-type: none"> Focus more on functional exercises in all planes Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises More individualized, if the patients demand is higher, then the rehab will be longer

Exercise/Activity	Frequency	Post-Op Week					
		8	9	10	11	12	16
Soft tissue / joint mobilization as needed	2x/wk	X	X	X	X	X	X
Forward/lateral lunges, split squats	3x/wk	X	X	X	X	X	X
Side steps / retro walks w/ resistance (begin w/ more proximal resistance)	3x/wk	X	X	X	X	X	X
Single leg balance – squat, trunk, rotation	3x/wk	X	X	X	X	X	X
Planks / side planks	3x/wk	X	X	X	X	X	X
Single leg bridges (advance hold duration)	3x/wk	X	X	X	X	X	X
Slide board exercises	3x/wk			X	X	X	X
Agility drills (if pain free)	3x/wk			X	X	X	X
Hip rotational activities (if pain free)	3x/wk			X	X	X	X

Phase IV

Goal	Return to Sport
PT Pointers	<ul style="list-style-type: none"> 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

Exercise/Activity	Post-Op Week				
	16	20	24	28	32
Running	Alter G	X	X	X	X
Agility		X	X	X	X
Cutting			X	X	X
Plyometrics			X	X	X
Return to sport specifics			X	X	X

Requirements for Return to Sport/Activities:

1. Full pain-free range of motion symmetrical to opposite side
2. Symmetrical hip strength
3. Stable pelvis
4. Ability to perform sport-specific drills at full speed without pain