



**Daniel J. Kaplan, MD**  
Assistant Professor of Orthopaedic Surgery  
Chief, Division of Sports, Bellevue Hospital  
Telephone number: 929-455-2500

## HIP ARTHROSCOPY, LABRAL REPAIR (OR RECONSTRUCTION) WITH OR WITHOUT

### ROM Restrictions: (perform PROM in **pain free** ranges)

1. **Flexion:** Limited to 90° for 2 weeks (may go >90° in the CPM, if applicable)
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 2-3 weeks
  - a. 6 weeks **if** microfracture performed - patient will be informed

### Gait Progression:

1. Begin to discontinue crutches between 3-4 weeks (6 weeks if microfracture performed)
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:

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

### Phase I: 0-2 Weeks **FFWB, Protected ROM**

1. **Goal:** Protect the joint and avoid irritation
2. **PT Pointers:**
  - a. Symmetric ROM by 6-8 weeks
  - b. **NO** active open-chain hip flexor activation
  - c. Emphasize proximal control
  - d. 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) <i>** Specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament</i>	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: 2-6 Weeks: **WBAT, Wean Off Assistive Devices**

1. **Goal:** Non-Compensatory Gait and Progression
2. **PT Pointers:**
  - a. Advance ambulation slowly without crutches/brace as tolerated; avoid any compensatory patterns
  - b. Provide tactile and verbal cueing to enable non-compensatory gait patterning
  - c. Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
    - i. If microfracture was performed, **hold all weight bearing** exercises until week 6

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) <i>** Focus to the adductors, TFL, Iliopsoas, QL &amp; Inguinal ligament</i>	2x/wk	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
Prone Hip Extension	5x/wk	X	X	X					
Tall / ½ 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: 6-12 Weeks: Increase Strength, Ensure Full, Smooth ROM**

1. **Goal:** Return to pre-injury level
2. **PT Pointers:**
  - a. Focus more on **functional** exercises in all planes
  - b. Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
  - c. 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: 3-6 Months: Sport-Specific Activity**

1. **Goal:** Return to Sport
2. **PT Pointers:**
  - a. It typically takes 4-6 months to return to sport, possibly 1 year for maximal recovery
  - b. Perform a running analysis prior to running/cutting/agility
  - c. Assess functional strength and obtain proximal control prior to advancement of phase 4

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