## Rehabilitation Protocol: Hip Arthroscopy with Labral/Chondral Debridement



## Craig M. Capeci, MD

Orthopaedic Surgery & Sports Medicine Clinical Assistant Professor \_\_1095 Park Ave, NY 212-427-7750 \_\_1056 5<sup>th</sup> Ave, NY 212-348-3636 \_\_263 7<sup>th</sup> Ave, Bklyn 718-246-8700

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 0-2) – Goals: Independent ambulation  • Weightbearing: As tolerated with assistive device  • Hip Brace: None  • Range of Motion  • Limit flexion to 90 degrees (x2 weeks)  • Limit abduction to 30 degrees (x2 weeks)  • Internal rotation at 90 degrees flexion limit  • External rotation at 90 degrees flexion limit  • Therapeutic Exercises  • Muscle activation/isometrics to prevent attaction  • Progress range of motion and stretching  • Proximal hip control, pelvic strengthening  • Gait normalization	ted to 20 degrees (x2 weeks) ted to 30 degrees (x2 weeks)
Phase II (Weeks 2-12) – Goals: Muscle reactivation, re  • Weightbearing: As tolerated discontinue assist:  • Range of Motion – Progress to full range of motion:  • Therapeutic Exercises  • Can begin use of the stationary bicycle (2 wroten progression)  • Pelvic clocks  • Supine progression  • Bridging series  • Supine FABER slides  • Balance progression  • Lunge progression	ive devices when gait normalizes n
<ul> <li>Phase III (Months 3-6) Goals: Return to athletics &amp; unit of the Range of Motion – Full, painless ROM</li> <li>Therapeutic Exercises         <ul> <li>Treadmill walking with advance to jogging</li> <li>Continue strengthening for return to full account of the Post of the Roman Strengthening for return to full account of the Roman St</li></ul></li></ul>	at 3 months ctivities
Comments:	
Frequency: times per week	weeks
Signature:	Date: