Rehabilitation Protocol: Hip Arthroscopy with Labral/Chondral Debridement

Name: ________________________________ Date: ________________________________

Diagnosis: ________________________________ Date of Surgery: ________________________________

Phase I (Weeks 0-2) – Goals: Independent ambulation

• Weightbearing: As tolerated with assistive devices
• Hip Brace: None
• Range of Motion
  o Limit flexion to 90 degrees (x2 weeks)
  o Limit abduction to 30 degrees (x2 weeks)
  o Internal rotation at 90 degrees flexion limited to 20 degrees (x2 weeks)
  o External rotation at 90 degrees flexion limited to 30 degrees (x2 weeks)
• Therapeutic Exercises
  o Muscle activation/isometrics to prevent atrophy
  o Progress range of motion and stretching
  o Proximal hip control, pelvic strengthening
  o Gait normalization

Phase II (Weeks 2-12) – Goals: Muscle reactivation, neuromuscular re-education & strengthening

• Weightbearing: As tolerated -- discontinue assistive devices when gait normalizes
• Range of Motion – Progress to full range of motion
• Therapeutic Exercises
  o Can begin use of the stationary bicycle (2 wks), elliptical (4 wks)
  o Supine progression
  o Pelvic clocks
  o Supine lower trunk rotations
  o Bridging series
  o Supine FABER slides
  o Balance progression
  o Lunge progression

Phase III (Months 3-6) Goals: Return to athletics & unrestricted activities

• Range of Motion – Full, painless ROM
• Therapeutic Exercises
  o Treadmill walking with advance to jogging at 3 months
  o Continue strengthening for return to full activities
  o Unrestricted return to activities/sports at 4-6 months with approval of MD

Comments:

Frequency: _____ times per week Duration: _____ weeks

Signature: ________________________________ Date: ________________________________