

Rehabilitation Protocol: Hip Arthroscopy with Labral Repair, Acetabuloplasty, Femoral Neck Osteoplasty



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Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-4) – Goals: Joint protection, independent ambulation

- **Weightbearing:** Foot-flat weight bearing with crutches (x6 wks if concomitant microfracture)
- **Hip Brace:** Worn for ambulation and sleeping for 2 weeks; ROM set from 0-90 degrees of hip flexion
- **Range of Motion**
 - Limit flexion to 90 degrees (x2 weeks)
 - Limit abduction to 30 degrees (x2 weeks)
 - Internal rotation at 90 degrees flexion limited to 20 degrees (x3 weeks)
 - External rotation at 90 degrees flexion limited to 30 degrees (x3 weeks)
- **Therapeutic Exercises**
 - Muscle activation/isometrics to prevent atrophy
 - Progress range of motion and stretching
 - Proximal hip control, pelvic strengthening
 - Gait normalization

Phase II (Weeks 4-12) – Goals: Muscle reactivation, neuromuscular re-education & strengthening

- **Weightbearing:** As tolerated -- discontinue crutches
- **Range of Motion** – Progress to full range of motion
- **Therapeutic Exercises**
 - Can begin use of the stationary bicycle (4 wks), elliptical (6 wks)
 - Supine progression
 - Pelvic clocks
 - Supine lower trunk rotations
 - Bridging series
 - Supine FABER slides
 - Balance progression
 - Lunge progression

Phase III (Months 3-6)

- **Weightbearing:** Full weightbearing
- **Range of Motion** – Full, painless ROM
- **Therapeutic Exercises**
 - Treadmill walking at 3 months
 - Jogging can begin at 5 months
 - Continue strengthening for gradual return to activities

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____