

HIP ARTHROSCOPY PROTOCOL - LABRAL REPAIR/OSTEOPLASTY/CAPSULE REPAIR

Phase I: 0–4 weeks	Immediate post-operative phase / Initial exercises
Goals	<ul style="list-style-type: none"> • Protect integrity of repaired tissue • Restore ROM within restrictions • Diminish pain and inflammation • Prevent muscular inhibition
ROM	<ul style="list-style-type: none"> • Labral repair / Capsule Repair: Flex 90° x 10 days; Ext, ER 0° x 3 wks; Abd 25° x 3 wks; IR no limits • Osteoplasty: Flex 90° x 10 days; Ext, Abd, ER, IR no limits
WB	<ul style="list-style-type: none"> • Labral Repair / Osteoplasty / Capsule Repair: PWB (≤20 lbs.) x 4 wks
Modalities	<ul style="list-style-type: none"> • Cryotherapy • IFC for pain/effusion if needed
<p>Treatment Recommendations</p> <p>Guidelines for progression based on tolerance</p> <p>Criteria for progression to Phase 2:</p> <ul style="list-style-type: none"> ○ Minimal pain with phase 1 exercise ○ ROM ≥ 75 % of uninvolved side ○ Proper muscle firing patterns for initial exercises ○ Progress to phase 2 strengthening exercises once full WB is allowed 	<p>Precautions:</p> <ul style="list-style-type: none"> ○ Do not push through pain ○ Maintain ROM restrictions ○ Maintain WB restrictions <ul style="list-style-type: none"> • Week 1 <ul style="list-style-type: none"> ○ AP, QS, gluteal sets, TA isometrics ○ Stationary Bike (minimal resistance) ○ Passive ROM (emphasize IR), passive supine hip roll (IR) ○ Piriformis Stretch ○ Aquatic Therapy / Water walking (recommended) • Week 2 <ul style="list-style-type: none"> ○ Heel slides ○ Quadruped Rocking ○ Hip Abd/Add isometrics ○ Uninvolved knee to chest ○ Prone IR/ER isometrics • Week 3 <ul style="list-style-type: none"> ○ 3 way leg raises (abd, add, ext) ○ Double leg bridging (with spri band around knees) ○ Water jogging • Week 4 <ul style="list-style-type: none"> ○ Sidelying clams (ER) ○ SLR ○ Leg press (limited weight)

Phase II: 4-8 weeks	Intermediate Phase
Goals	<ul style="list-style-type: none"> • Protect integrity of repaired tissue • Restore full ROM • Restore normal gait pattern • Progressively increase muscle strength
ROM	<ul style="list-style-type: none"> • Progress to full ROM
WB	<ul style="list-style-type: none"> • Labral Repair / Capsule Repair: WBAT – wean from crutches • Osteoplasty: WBAT – wean from crutches
Modalities	<ul style="list-style-type: none"> • Cryotherapy • IFC for pain/effusion if needed
Treatment Recommendations Guidelines for progression based on tolerance Criteria for progression to Phase 3: <ul style="list-style-type: none"> ○ Full range of motion ○ Painfree / normalized gait pattern ○ Hip flexion strength > 60 % of the uninvolved side ○ Hip Add, Abd, Ext, IR, ER strength > 80 % of the uninvolved side 	Precautions: <ul style="list-style-type: none"> ○ No ballistic or forced stretching ○ NO treadmill ○ Avoid hip flexor, adductor, or piriformis inflammation <ul style="list-style-type: none"> • Week 4 <ul style="list-style-type: none"> ○ 1/3 partial squats ○ Side bridges ○ Stationary bike with resistance • Week 5 <ul style="list-style-type: none"> ○ Manual long axis distraction (delay 2 wks with capsule repair) ○ Manual A/P mobilizations (delay 2 wks with capsule repair) ○ Hip 4 way / Multi Hip machine ○ Single leg balance / stability exercises (foam / dyna disc) ○ Advanced bridging / Lumbopelvic stabilization progression • Week 6 <ul style="list-style-type: none"> ○ Lateral shuffles (spri band) ○ Euroglide skaters ○ Lateral step downs ○ Single leg partial squats ○ Elliptical runner/Stairmaster • Week 7 – 8 <ul style="list-style-type: none"> ○ Single leg resisted rotation with cord ○ Golf progression

Phase III 9-13 weeks	Advanced Phase
Goals	<ul style="list-style-type: none"> • Restoration of muscular endurance / strength • Restoration of cardiovascular endurance • Optimize neuromuscular control
Modalities	<ul style="list-style-type: none"> • Cryotherapy 15 minutes 1x/day or after strenuous activity
Treatment Recommendations	<p>Precautions:</p> <ul style="list-style-type: none"> ○ Avoid hip flexor, adductor, and piriformis inflammation ○ No ballistic or forced stretching / strengthening ○ NO treadmill use ○ No contact activities
Criteria for progression to phase 4:	
<ul style="list-style-type: none"> • Hip flexion strength >70% of uninvolved side • Hip add, abd, ext, IR/ER strength >80% of uninvolved • Cardiovascular fitness equal to preinjury level • Demonstration of initial agility drills with proper body mechanics 	<ul style="list-style-type: none"> • Week 9 <ul style="list-style-type: none"> ○ Lunges and lunges with trunk rotation ○ Side to Side lateral agility with sportcord ○ Forward / Backward sportcord running ○ Begin Agility Drills <ul style="list-style-type: none"> ○ Forward / Retro run ○ Side shuffles • Week 12 <ul style="list-style-type: none"> ○ Return to Running Program ○ Progress Agility Drills <ul style="list-style-type: none"> ○ Forward / Retro run (increase speed) ○ Stutter step – smooth forward / backward push offs ○ Side shuffles (increase speed)

Phase IV 13+ weeks	Sports Specific Training
Goals	<ul style="list-style-type: none"> • Restoration of muscular endurance / strength • Restoration of cardiovascular endurance • Optimize neuromuscular control / balance / proprioception
Treatment Recommendations	<ul style="list-style-type: none"> • Week 13+ <ul style="list-style-type: none"> ○ Z – cuts ○ W – cuts ○ Cariocas ○ Sport Specific Drills
Testing 13 – 25 wks	<ul style="list-style-type: none"> • Functional testing per MD approval
Return to sport/ work guidelines	<ul style="list-style-type: none"> • Based on MD approval <ul style="list-style-type: none"> ○ Full painfree ROM ○ Hip strength >85% of the uninvolved side ○ Ability to perform all sport – specific drills at full speed without pain ○ Appropriate completion of all functional testing