



## Hip Arthroscopy – Labral Debridement Protocol

**Please do NOT perform the following at any time, unless advised otherwise by referring MD:**

- Straight leg raises
- Front Planks (minimum 4 months post-op)
- Weighted side-lying abduction
- Squatting below parallel

### **PHASE 1: POD 1- WEEK 3**

#### **Precautions:**

- **Hip flexion** as tolerated
- Avoid hip flexion w/IR & forceful ER
- Consistent use of night splint for 1 week
- **Lay flat** with minimal flexion at hip frequently to prevent hip flexion contracture. (Prone lying 2-4 hours/day minimum)

#### **Weight bearing (WB) Progression:**

- TDWB immediately post-op
- At 7-10 days, progress to 50% WB
- Add 25% every 2-3 days, as tolerated
- **FWB only when:** Controlled pain, non-antalgic gait pattern, normal pelvofemoral mechanics  
*The use of one crutch is discouraged in most cases. If necessary, please discuss with referring physician.*

❖ **Aquatic therapy** may be initiated at 2 weeks post-op, pending incision healing.

***Phase 1 exercises should be performed 1-2x/day, 6-7 days per week***

#### **POD 1-7**

##### **Immediate Post-operative**

- Stationary bike with minimal resistance and a high seat (90° max hip flexion)
- Passive ROM- Supine/Standing circumduction (knee straight), supine IR hip roll
- Ankle Pumps
- Quad Sets, Heel Digs and Glut Sets
- Isometric hip ADD supine with bolster between knees
- Curl-up
- Standing hip ABD, EXT
- Active prone hamstring curl
- Prone ER Isometrics
- Quadruped rocking

#### **Week 1-3**

##### **WB Preparation and Progression**

- LAQ/SAQ (if poor quad recruitment)
- Prone active hip IR and ER
- Prone EXT (knee straight & knee flexed to 90 degrees)
- Bridge (Add ball squeeze, unstable surface, stability ball to increase difficulty- No single leg until week 7)
- Bird Dog
- Clamshell or Side-lying hip ABD (no resistance, low reps, educate on GMed contraction)
- Mini squats
- Calf raises
- Kneeling hip flexor stretch, prone quad stretch, FABER slides, Figure 4 Stretch



## PHASE 2: WEEK 4- WEEK 8

### **Precautions:**

- ROM = as tolerated, prevent hip flexor and ER tightness
- Be aware of hip flexor overuse/iliopsoas irritation
- Return to reciprocal stair ambulation and driving with caution
- Continue to avoid prolonged sitting (desk jobs/sitting in class may cause tightness/discomfort at the anterolateral hip)

### ***Phase 2 exercises should be divided into 2 days, each day performed 3x/week***

#### **Week 4-6 Normalizing gait, Return to ADLs**

- Elliptical (**once patient is FWB w/o complaints for 7-10 days**)
- Hip flexion (marching) to 90 degrees (seated and standing, low repetitions)
- Clock Steps
- Hamstring Bend over
- Leg Extensions, Hamstring curl weight machines

#### **Weeks 7-8 Strengthening**

- Unilateral bridge
  - Side plank/Remedial Side Bridge
  - Step up, Step down
  - Leg press
- 

## PHASE 3: WEEK 9 – 12+

### ***Phase 3 exercises should be divided into 2-3 days, each day performed 2x/week***

#### **Week 9-10 Preparation for Functional Return**

- Side stepping with T-band or sports cords
- “Runner’s stretch” (if appropriate)
- Walking lunges progressing to walking lunges with trunk rotation
- Mini squat jump with proper landing mechanics
- Jogging progression
- Golf progression
- Advanced swimming progression (flip turns, treading water, whip kicking)

#### **Week 11-12+ Graduated Return to Sport Progression**

- Agility, plyometric program (after jogging for 2 weeks)
- Sport specific drills (no contact before 12 weeks)
- Stairclimber