



## Hip Arthroscopy – Labral Repair / FAI Protocol

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

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

### PHASE 1: POD 1- WEEK 4

#### **Precautions:**

- No **Hip flexion >90 degrees** for 7 days post-op
- 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 2 weeks, 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.*

- ❖ **If fractional lengthening of iliopsoas was performed:** Initiate light hip flexor stretching immediately, ice on a light stretch, no hip flexor strengthening 4-6 weeks.
- ❖ **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***

#### **Week 0-1**

##### **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
- Standing EXT
- Active prone hamstring curl
- Prone ER isometrics
- Quadruped rocking (not before POD 7)

#### **Week 2-4**

##### **WB Preparation & Progression (decrease to 1x/day for strengthening exercises)**

- LAQ/SAQ (if poor quad recruitment)
- Prone active hip IR and ER
- Prone EXT (knee straight, knee bent to 90 degrees)
- Bridge (Add ball squeeze, unstable surface, stability ball to increase difficulty- avoid SL until week 8)
- Bird Dog
- Clamshell or side-lying abduction (no resistance, low reps, educate on GMed contraction)
- Mini squats
- Calf raises
- Kneeling hip flexor stretch, prone quad stretch
- Gentle FABER slides/figure 4 stretch (Week 3)



## **PHASE 2: WEEK 5- WEEK 11**

### **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 5-7**

##### **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
- Side plank/Remedial Side Bridge
- Leg Extensions, Hamstring curl weight machines

#### **Weeks 8– 11**

##### **Strengthening**

- Unilateral bridge
- Step up, Step down
- Side stepping with T-band or sports cords
- Leg press
- “Runner’s stretch” (if appropriate)

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## **WEEK 12 – 24+**

#### **Week 12-14**

##### **Preparation for Functional Return**

- Walking lunges progressing to walking lunges with trunk rotation
- Jogging progression
- Golf progression
- Advanced swimming progression (flip turns, treading water, whip kicking)

#### **Week 14-16**

##### **Graduated Return to Sport Progression**

- Agility, plyometric program (after jogging for 2 weeks)
- Non-contact sport specific drills
- Stairclimber

#### **Week 17-24+**

##### **Graduated Return to Sport Progression**

- Sprinting, cutting, reaction drills
- Contact sport specific drills