



Dear Therapist,

Thank you very much for participating in the care of this patient. This protocol is intended to provide guidelines for the patient's rehabilitation. Please use your experience/discretion to tailor the patient's rehabilitation as you see fit. There are some guidelines to keep in mind:

- Some patients may progress slower than other patients. Please only advance to the next stage of rehabilitation if patient meets outlined clinical criteria
- Particular attention should be paid to joint strength, range of motion, and overall function when considering advancement through each phase of rehabilitation
- For patients who do NOT have nanofracture/cartilage technique, goal is normal gait with appropriate gluteal recruitment within 6 weeks
- For patients who DO have nanofracture/cartilage technique, goal is normal gait with appropriate gluteal recruitment within 10 weeks
- **Please do not push patient through pain;** pain should serve as a reminder to limit advancement of rehabilitation

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

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## **HIP ARTHROSCOPY - PHYSICAL THERAPY PROTOCOL**

- Labral Repair
- Femoroplasty/Acetabuloplasty
- Cartilage Procedure
- Gluteal Repair

Patient:

Date of procedure:

### **Phase I: Weeks 0 to 5**

#### **Goals:**

- Reduce swelling and pain (ice, rest, elevation)
- Begin range of motion without resistance
- Initiate muscle activation and isometrics
- Normalize gait
- **Avoid irritation of hip flexors**, IT band, trochanteric bursa, TFL, low back, and anterior capsule
- **Avoid treadmill walking**
- **Limit weight-bearing for 2-3 weeks with isolated labral repair**
- **Limit weight-bearing for 6-8 weeks with cartilage procedure**

#### Range of motion exercises:

- Maintain ROM restrictions:
  - Limit hip flexion to 120 degrees (until day 14)
  - Limit hip extension to neutral (until day 14)
  - Limit hip internal rotation to neutral (until day 14)
  - Limit abduction to 45 degrees (until week 4)
- Passive range of motion:

- Circumduction: start circumduction with hip flexion at approximately 70 degrees
- Supine abduction / adduction / ER / side lying flexion / prone ER
- CPM machine if provided
- Active / Active Assist range of motion
  - Stationary bike without resistance 20 mins/time 2x/day (no recumbent bike); add resistance gradually week 3
  - AROM begin week 3 as tolerated
- Soft tissue mobilizations:
  - Target superficial fascia and deep tissues with massage, petrissage, strumming, release techniques
    - Focus on hip flexors, TFL, IT band, ASIS, adductors, medial hamstrings, pelvic floor, piriformis, gluteals, external rotators, PSIS, SI joint
- Joint mobilization:
  - Begin caudal glides at week 3
  - Begin posterior/inferior glides at week 4 to decrease posterior capsule tightness
  - Do not stress anterior capsule for 6 weeks

#### Strengthening Exercises:

- Isometrics
  - Quad sets (AVOID SLR's for 4-6 weeks)
  - Gluteal sets
  - Hamstring sets
  - Abduction / adduction / ER / IR isometrics
- Open Chain (start at week 3)
  - Prone hip extension
  - Sidelying or standing gluteus medius
  - Quad, hamstring dynamic strengthening

#### **Criteria for advancement to Phase II:**

- Flexion to 120 degrees
- 75% of passive combined flexion/internal rotation compared to contralateral hip
- Mild discomfort only with ambulation

#### **Phase II (weeks 5 to 10):**

##### **Goals:**

- Eliminate swelling

- Full active and passive ROM
- Normal gait (able to walk 1 mile)
- Promote normal movement patterns and prevent compensation from other muscle groups and other joints

Swelling:

- Ice, massage
- Modalities – Ultrasound, electrical stimulation

Range of Motion/Soft Tissues:

- Thomas stretch
- Flexion/internal rotation, flexion/external rotation stretch
- IT band work
- Soft tissue mobilization
- Focus on any lumbar spine, pelvic imbalances

Strength, Cardiovascular Work:

- Leg press with light weight, high repetitions
- Mini squats
- Double knee bends to 90 degrees
- Single knee bends to 70 degrees
- Lateral agility with sport cord
- Theraband (abduction/adduction)
- Hamstring curls
- Stationary bike, elliptical trainer, swimming (may start at week 3)

Proprioception, Balance:

- Double leg / single leg stability on balance board
- Single leg balance on unstable surface (e.g. foam)

**Criteria for Advancement to Phase III:**

- No residual swelling
- Full active, passive ROM
- Ascending, descending stairs normally without pain or compensation
- Single knee bend to 70 degrees without compensation

**Phase III – Advanced Strengthening (10-16 weeks)**

**Goals:**

- Restore multi-directional stability
- Plyometric strength



Strength, Agility, Balance:

- Double knee bends with resistance
- Forward / backward jog with sport cord
- Lateral agility exercises
- Jump-land training
- Cardio training (low impact)
- Continue balance and stability exercises outlined in Phase II

\*START sport-specific drills after 14-16 weeks