

Complex Hip Arthroscopy Rehabilitation Protocol

Colby Wollenman, M.D.

Patient: _____ **DOS:** _____

Surgeon Parameters

20 lb foot-flat WB ____3____ wks	Brace _____ wks	CPM ____4____ wks
Labral reconstruction: ☐	Capsular reconstruction: ☐	Microfracture: ☐
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. Typical values: foot-flat weight bearing 3 wks, brace and CPM 3 wks, extension/ER limit 3 wks; capsular reconstruction or microfracture extends foot-flat weight bearing to 6 wks, and capsular reconstruction extends the extension/ER limit to 6 wks. **Revision hips are slower and more irritable than primary hips; graft and capsular healing set the early pace, and frequent early passive motion is what prevents new adhesions.** Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–6	Goals - Protect the graft and capsule; control pain and inflammation - Early passive motion to prevent adhesions - Gluteal and core activation without hip flexor irritation - Normalize gait once weight bearing is allowed	Precautions 20 lb foot-flat WB with crutches per parameters above; then progress over ≈2 wks, weaning crutches once gait is non-antalgic - Brace per parameters: flexion 0–90°, abduction ≤45° - No extension past neutral and no ER per parameters above; no active SLR; no pivoting on the operative leg If capsular reconstruction / plication: extension/ER limits for 6 wks; no stretching into extension, ER, or FABER If microfracture: foot-flat WB for 6 wks If lysis of adhesions: daily circumduction is the priority, starting day 1	Treatment Focus - CPM and upright bike without resistance from POD 1 - Passive circumduction, log-roll IR, and flexion within limits - Prone lying daily to keep neutral extension - Isometrics: glutes, quads, TA/core, submax add/abd - STM: adductors, TFL, iliopsoas; portal scar mobilization - Aquatic therapy once incisions are healed - After brace off: quadruped rocking, bridges, gait training
► Advance to Phase 2 when: crutches discontinued with a non-antalgic gait (no Trendelenburg), minimal pain, PROM ≈75% of contralateral within limits, no hip flexor irritation.			
Phase 2 Weeks 6–12	Goals - Full, symmetric, pain-free ROM by ≈12 wks - Normal gait and reciprocal stairs - Bilateral → single-leg strengthening - Lumbopelvic and single-leg control	Precautions - Progress volume by response, not calendar; hip flexor/adductor irritation is the usual limiter - No ballistic or forced end-range stretching - No running, jumping, or impact If capsular reconstruction / plication: begin gentle extension and ER at 6 wks; no forced end range until 12 wks If microfracture: wean crutches wks 6–8; closed-chain loading once full WB and pain-free	Treatment Focus - Bike with progressive resistance; elliptical as tolerated - Full PROM/AROM in all planes as cleared - Bridge → single-leg bridge; mini squat → split squat; step-ups - Lateral band walks; side-plank and core progressions - Single-leg balance/proprioception - Gentle eccentric hip flexor loading once pain-free
► Advance to Phase 3 when: full symmetric pain-free ROM, normal gait with prolonged ambulation, good pelvic and knee control on single-leg squat and step-down.			

Phase	Goals	Precautions	Treatment Focus
Phase 3 <i>Weeks 12–18</i>	Goals • Restore strength, power, and endurance • Begin return-to-run progression at ≈16 wks • Multiplanar movement for work/sport demands	Precautions • Before running: pain-free brisk walk ≈30 min and a controlled single-leg squat • Advance run volume or intensity, not both, in a given week • Watch for groin/anterior hip pain and compensations • No cutting, pivoting, or contact	Treatment Focus • Advance load (machines → free weights) • Hinge, multiplanar lunge, and adductor (e.g., Copenhagen) progressions • Walk–jog intervals (anti-gravity treadmill if available) • Low-level double-leg plyometrics → submax agility
► Advance to Phase 4 when: continuous jog ≈20–30 min without pain or compensation, hip strength ≥80% of contralateral, pain-free basic plyometrics.			
Phase 4 <i>Weeks 18+ (≈ Month 5–7)</i>	Goals • Symmetric hip strength (≥90% of contralateral) • Pass functional testing (hop tests, Y-balance) • Complete a graded sport-specific progression; confirm psychological readiness	Precautions • Clearance is criteria-based, not time-based alone • Contact and high-demand pivoting sports typically held to ≈6–7 months • Back off volume with any flare	Treatment Focus • Advanced plyometrics; cutting and acceleration/deceleration • Power and sport-specific training • RTS testing: HHD/isokinetic strength, hop battery, Y-balance, Hip-RSI
► Full Release (typically 5–7 months): pain-free full ROM, strength and hop LSI ≥90%, no compensation, sport-specific progression completed, psychologically ready, cleared by physician.			

Special Considerations

- Expect a slower, less linear course than after a primary scope. Flares are common: reduce volume, treat soft tissue, then resume
- Rotation or flexion still limited at 8–12 wks, or new catching or giving way — contact the surgeon

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.