

**Complex Hip Arthroscopy Rehabilitation Protocol**  
 (complex labral repair, rim ORIF, labral augmentation/reconstruction)

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	<ul style="list-style-type: none"> <li>Protect surgical site</li> <li>Avoid muscle contractures</li> <li>Achieve and maintain good muscle activation in all planes</li> <li>Manage swelling and pain</li> </ul>	<ul style="list-style-type: none"> <li>PWB: 25% WB</li> <li>PROM only</li> <li>ROM limited to:               <ul style="list-style-type: none"> <li>Flexion: 90 deg</li> <li>Extension: 10 deg</li> <li>IR/ER to 20 deg in neutral, no rotation in hip flexion</li> <li>Abduction to 30 deg</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>PRICE</li> <li>Isometrics in all planes</li> <li>Ankle pumps</li> <li>Prone lying, prone knee flexion , and prone rotation as tolerated</li> <li>Week 3-4: Initiate bike for ROM: &lt;90 degrees of hip flexion</li> <li>Initial visit: FOTO, LEFS</li> </ul>
Weeks 6-12	<ul style="list-style-type: none"> <li>Initiate progressive loading</li> <li>Weaning from assistive device beginning week 6</li> <li>&gt;75% of full ROM</li> </ul>	<ul style="list-style-type: none"> <li>Progressive weight bearing based on patient symptoms beginning week 6</li> <li><b>Discontinue brace once transitioned to full WB</b></li> <li>AAROM - AROM               <ul style="list-style-type: none"> <li>ROM to tolerance in all planes, avoid anterior hip pinching</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Quadruped hip flexion mobility</li> <li>Initiate quadriceps, hamstring stretching</li> <li>Initiate OKC uniplanar isotonic to tolerance</li> <li>Initiate double leg CKC exercises to tolerance</li> <li>Week 6: FOTO, LEFS</li> </ul>
Weeks 12-16	<ul style="list-style-type: none"> <li>Ambulate without antalgia</li> <li>Tolerating community ambulation by week 12</li> <li>Full ROM</li> <li>Y-Balance performance</li> </ul>	<ul style="list-style-type: none"> <li>No running, jumping, cutting, or pivoting</li> </ul>	<ul style="list-style-type: none"> <li>Hip mobilization may be used</li> <li>Initiate elliptical if desired</li> <li>Progress CKC into greater ROM               <ul style="list-style-type: none"> <li>Single leg</li> <li>Multi-planar</li> <li>Progress resistance as tolerated</li> </ul> </li> <li>Week 12: FOTO, LEFS</li> </ul>
Weeks 16-24	<ul style="list-style-type: none"> <li>Strength testing 75% of uninjured at week 16</li> <li>Initiate return to jogging</li> <li>Initiate skating</li> <li>Initiate plyometric progressions</li> </ul>	<ul style="list-style-type: none"> <li>Avoid large spikes in workload</li> </ul>	<ul style="list-style-type: none"> <li>Initiate running, skating, and/or plyometric activities with MD approval</li> <li>Begin sport specific tasks</li> <li>Week 16: FOTO, LEFS</li> </ul>
Weeks 24+	<ul style="list-style-type: none"> <li>Clearance to full return to sport</li> <li>Strength testing 90% of uninjured by week 24</li> </ul>	<ul style="list-style-type: none"> <li>Avoid large spikes in workload</li> </ul>	<ul style="list-style-type: none"> <li>Progress sport specific tasks</li> <li>Gradual re-introduction to practice and eventual live game play</li> <li>Week 24: FOTO, LEFS</li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.  
 Each patient's progress may vary based on specifics to their injury and procedure.



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