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## **Hip Arthroscopy, labral repair, acetabuloplasty, femoroplasty Physical Therapy Protocol**

### **GENERAL GOALS:**

- Non-antalgic gait (No pain with ambulation)
- Increase passive ROM of the affected hip
- Compliance with instructed weight bearing
- No pain at rest
- Modalities PRN
- Home therapy education
- Soft tissue manipulation around portal sites once healed (after week 2)
- **AVOID THE FOLLOWING:**
  - Excessive external rotation
  - Exercises beyond fatigue/pain
  - Strenuous hip flexion (e.g. straight leg raises)
  - Greater trochanteric bursitis
  - Sacroilitis
  - Hip flexor tendonitis

### **GUIDELINES (WEEKS 0-2)**

- Partial weight bearing (50%) with crutches
- CPM 4hrs/day (can lower to 2 hours/day if on stationary bike at least 20 minutes/day)
- Stationary bike 20 minutes/day; can increase to 2x/day if patient able to tolerate
- Passive ROM exercises of affected hip, no flexion past 90 degrees, no flexion to 90 and adduction
- Supine log rolling
- Iliopsoas stretching (AVOID EXCESSIVE EXTENSION!)
- Stool rotations (Hip AAROM ER/IR)
- Modalities as needed
- Hip isometric exercises
  - **No Flexion Exercises**
  - Abduction, adduction, extension, external rotation, internal rotation

### **GUIDELINES (WEEKS 2-4)**

- Include all regimens from weeks 0-2. May advance weight bearing to full weight bearing as tolerated by the patient:
- Wean off crutches over 2 weeks. Do not advance or remove crutches if patient still ambulates with an antalgic gait
- Increase ROM exercises, avoid excessive flexion
- Gluteal and piriformis stretching

- Core strengthening (AVOID iliopsoas tendonitis)
- Step downs
- Scar massage at portal sites
- Treadmill side stepping from level surface holding on to side rail (**WEEK 4**)
- May begin aqua therapy in low end water at **WEEK 4** once portal sites are healed
  - NO SWIMMING/TREADING
- Clam shells
  - Isometric side-lying hip abduction
- Bike/Elliptical (**may start elliptical at weeks 3-4**)
- Proprioception training (start on week 4)
  - Balance boards, single leg stance
- Continue with isometrics EXCEPT flexion
  - May begin isometric sub maximum pain free hip flexion at 4 weeks

### **GUIDELINES (WEEKS 4-8)**

#### **INCLUDE ALL THERAPY REGIMENS FROM WEEKS 0-4**

- Increase ROM
- Hip flexor and IT band stretching
- LOWER EXTREMITY STRENGTHENING
  - Hip flexor isometric exercises
  - Leg press (avoid deep flexion)
- Knee flexion and extension isokinetics
- Core strengthening: PLANKS
- LE proprioception exercises (**Avoid torsion**)
- Hip hiking on stairmaster

### **GUIDELINES (WEEKS 8-12)**

#### **INCLUDE ALL THERAPY REGIMENS FROM WEEKS 4-8**

- Hip endurance activities
- Dynamic proprioception exercises
- Increase LE strengthening
- Continue to improve HIP ROM

### **GUIDELINES (WEEKS 12-16) ALL OF THE ABOVE**

- Continue LE strengthening
- Sport-specific drills
- May begin treadmill running
- Plyometrics

### **CRITERIA FOR DISCHARGE**

- Step down test
- Pain free or at a manageable level of discomfort
- Biodex testing
  - Quads and hamstrings within 15% of unaffected side
- Single leg cross-over triple hop for distance
  - < 85% of normal side considered abnormal