Hip Arthroscopy with Capsular Reconstruction Rehabilitation Protocol

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This protocol provides general guidelines for rehabilitation following hip arthroscopy with capsular reconstruction. Progression should be individualized based on the procedure, healing, and patient response, with modifications as directed by the surgeon. Including revision arthroscopy.

Phase	Goals	Precautions / Restrictions	Treatment
1 (weeks 0-6)	● Protect reconstructed tissue.	● Keep incisions clean and dry ● Partial weight bearing with appropriate gait aid. ● Brace on 24/7. ● Flexion limited from **30-90°**. ● Abduction limited to 0 - **20°**. ● Adduction limited to **0°**	**General guidelines** ● Gait training. ● Patient education on rehab process. ● Passive range of motion while in brace. ● Quad, hamstrings and gluteal sets. ● Communication amongst the physical therapist, patient and MD is CRITICAL to achieving ideal outcomes.
2 (Weeks 6-10)	● Begin by increasing extension **10°** every 2 weeks. ● Week 6: 20 – **90°** ● Week 8: 10 – **120°** ● Week 10: 0 – **120°** ● Begin weight-bearing progression as tolerated ● Maximize strength gains.	● **Do not push into pain with range of motion exercises.** ● Abduction is limited to **20°** thru this phase. ● IR/ER in 90/90 position limited to **20°** in each direction. ● Appropriate pain free strengthening exercise dependent on patient's weight bearing status.	**General guidelines** ● Physical therapist should meet with patient weekly or every two weeks to update program. ● Passive range of motion progressing to active assistive range of motion as able. ● Hip, core and lower extremity mat-based strengthening exercises. ● Outcome Measures- LEFS/ FOTO
3 (Weeks 10- 16)	● Wean from crutches with **normal walking mechanics and full weight bearing.**	● Discontinue brace ● Range of motion as tolerated. ● **No forced end range stretching.** ● **No hip extension stretching past 0°.** ● **Avoid pain during range of motion and strengthening exercises.**	**General guidelines** ● Advance Lower Extremity and Core Strengthening/proprioception. ● Multi-planar ● May begin prone knee flexion range of motion with gentle end range stretch.
4 (Weeks 16- 24)	● Address any gait issues that remain. ● Address any asymmetry in lower extremity mobility. ● Address any strength asymmetries.	● **Avoid rapid progression in agility and power exercises.** ● Continue with **no end range hip extension stretching past 0°.**	**General guidelines** ● Continue to maximize core and lower extremity strength and flexibility. ● Initiate agility exercises for athletes. ● Initiate power development for athletes. ● Y-balance testing. ● Hand-held dynamometer testing of hip.