Standard Hip Arthroscopy Rehabilitation Protocol

Jacob Mikula MD | Orthopedic Sports Medicine

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

Phase	Goals	Precautions / Restrictions	Treatment

Weeks 0-2	• **Protect surgical site**
	• **Avoid muscle contractures**
	• Achieve and maintain good muscle activation in all planes
	• Manage swelling and pain
		• PWB: **25%** WB
		• PROM only
		• ROM limited to:
		  • Flexion: **90 deg**
		  • Extension: **10 deg**
		  • IR/ER to **20 deg** in neutral, **no rotation in hip flexion**
		  • Abduction to **30 deg**
			General guidelines
			• PRICE
			• Isometrics in all planes
			• Ankle pumps
			• Prone lying, prone knee flexion , and prone rotation as tolerated
			• Initiate bike for ROM: **<90 degrees** of hip flexion
			Initial visit
			• FOTO, LEFS

Weeks 2-6	• Initiate progressive loading • Weaning from assistive device beginning week 4 • **>75%** of full ROM	• Progressive weight bearing based on patient symptoms beginning week 4 • AAROM - AROM • ROM to tolerance in all planes, **avoid anterior hip pinching**	**General guidelines** • Quadruped hip flexion mobility • Initiate quadriceps, hamstring stretching • Initiate OKC uniplanar isotonics to tolerance • Initiate double leg CKC exercises to tolerance

Weeks 6-12	• Ambulate without antalgia
	• Goal is tolerating community ambulation by week 6-8
	• Full ROM
	• Strength testing **75%** of uninvolved at week 12
	• Y-Balance
		• **No running, jumping, cutting, or pivoting**	**General guidelines**
			• Hip mobilization may be used
			• Initiate elliptical if desired
			• Progress CKC into greater ROM
			  • Single leg
			  • Multi-planar
			  • Progress resistance as tolerated
			Week 6
			• FOTO, LEFS

Weeks 12-16	• Initiate return to jogging • Initiate skating • Initiate plyometric progressions	• **Avoid large spikes in workload**	**General guidelines** • Initiate running, skating, and/or plyometric activities **with MD approval** • Begin sport specific tasks **Week 12** • FOTO, LEFS
Weeks 16+	• Clearance to full return to sport • Strength testing **90%** of uninvolved by week 24	• **Avoid large spikes in workload**	**General guidelines** • Progress sport specific tasks • Gradual re-introduction to practice and eventual live game play **Week 16-24** • FOTO, LEFS