



CENTRAL COAST ORTHOPEDIC MEDICAL GROUP

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Hip Arthroscopy Procedure: Labral Debridement & Osteoplasty

Range of Motion Restrictions and Expectations:

| Flexion | Extension | External Rotation | Internal Rotation | Abduction |
|---------------|----------------|-------------------|-------------------|----------------|
| <90° x10 days | No Limitations | No Limitations | No Limitations | No Limitations |

If microfracture, **HOLD** activities in shaded boxes ☒ until 6 weeks in all phases

Weight Bearing Restrictions:

Foot flat weight bearing x 4 wks.
Progress to full weight bearing after 4th wk.

- 20 lbs Max foot flat weight bearing
- If microfracture, toe touch weight bearing for 6 weeks.**

Phase I: Immediate Rehabilitation

| Initial Exercises | Freq. | Week | | | | |
|---------------------------------------------|-------|------|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| Ankle Pumps | | ✓ | ✓ | | | |
| Gluteal, quad & hamstring isometrics | | ✓ | ✓ | | | |
| Stationary biking w/minimal resistance | | ✓ | ✓ | ✓ | ✓ | |
| Passive ROM (emphasize IR) | | ✓ | ✓ | ✓ | ✓ | |
| Quadriped rocking | | | ✓ | ✓ | | |
| Heel sides | | | ✓ | ✓ | | |
| Hip abductor/adductor isometrics | | | ✓ | ✓ | | |
| Prone IR/ER (resisted) | | | ✓ | ✓ | ✓ | ✓ |
| 3-way leg raises (abd, add, ext) | | | | ✓ | ✓ | |
| Water jogging | | | | ✓ | ✓ | |
| Dbl leg bridges w/tubing | | | | ✓ | ✓ | |
| Kneeling hip flexor stretch | | | | | ✓ | ✓ |
| Leg press (limited weight) | | | | | ✓ | ✓ |
| Short lever hip flexion/straight leg raises | | | | | ✓ | ✓ |

Criteria for Progression to Phase II

- Minimal pain with all Phase I exercise
- ROM ≥75% of the uninvolved side
- Proper muscle firing patterns for initial exercises
- Do not progress to Phase II until full weight bearing is allowed

Phase II: Intermediate Rehabilitation

| Intermediate Exercises | Freq. | Week | | | | |
|-------------------------------------------|-------|------|---|---|---|----|
| | | 5 | 6 | 7 | 9 | 13 |
| Double 1/3 knee bends | | ✓ | ✓ | | | |
| Side supports | | ✓ | ✓ | | | |
| Stationary biking w/resistance | | ✓ | ✓ | ✓ | | |
| Manual long axis distraction | | ✓ | ✓ | ✓ | | |
| Manual A/P mobilizations | | ✓ | ✓ | ✓ | | |
| Dyna-disc (single leg stance) | | | ✓ | ✓ | ✓ | |
| Advanced bridging (sing. leg, swiss ball) | | | ✓ | ✓ | ✓ | |
| Single leg cord rotation | | | | ✓ | ✓ | ✓ |
| Pilates skaters | | | | ✓ | ✓ | ✓ |
| Side stepping | | | | ✓ | ✓ | ✓ |
| Single knee bends (lateral step downs) | | | | ✓ | ✓ | ✓ |
| Elliptical/Stairclimber | | | | ✓ | ✓ | ✓ |

Criteria for Progression to Phase III

- Full range of motion
- Pain-free/normal gait pattern
- Hip flexion strength >60% of the uninvolved side
- Hip add, abd, ext, IR, ER strength >70% of the uninvolved side



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Phase III: Advanced Rehabilitation

Week

| Advanced Exercises | Freq. | 6 | 7 | 9 | 13 |
|------------------------------|-------|---|---|---|----|
| Lunges | | | | ✓ | ✓ |
| Water bounding/plyometrics | | | | ✓ | ✓ |
| Side-to-side lateral agility | | | | ✓ | ✓ |
| Fwd/Bkwd running with cord | | | | ✓ | ✓ |
| Running progression | | | | ✓ | ✓ |
| Initial agility drills | | | | ✓ | ✓ |

Criteria for Progression to Phase IV

- Hip flexion strength >70% of the uninvolved side
- Hip add, abd, ext, IR, ER strength >80% of the uninvolved side
- Cardio fitness equal to pre-injury level
- Demonstration of initial agility drills with proper body mechanics

Phase IV: Return to Activity/Sport

Week

| Sports-specific Training | Freq. | 13 | 17 | 21 | 25 |
|--------------------------|-------|----|----|----|----|
| Z-Cuts | | ✓ | ✓ | ✓ | ✓ |
| W-Cuts | | ✓ | ✓ | ✓ | ✓ |
| Cariocas | | ✓ | ✓ | ✓ | ✓ |
| Sports-specific drills | | ✓ | ✓ | ✓ | ✓ |
| Functional testing | | ✓ | ✓ | ✓ | ✓ |

Criteria for Full Return to Competition

- Full pain-free ROM
- Hip strength >85% of the uninvolved side
- Ability to perform sport-specific drills at full speed without pain
- Completion of functional sports test

**** CAUTION ****

In cases that involve significant shaving of the femoral neck, caution must also be taken to limit impact activities that may increase risk of femoral neck fracture during the first 8 weeks.