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**Rehabilitation for Arthroscopic Osteochondroplasty with Labral Repair**

**General Guidelines:**

- Normalize gait pattern with crutches
- Continuous Passive Motion Machine
  - 4 hours/day or 1 hour if on stationary bike for 2 bouts of 20-30 minutes if tolerated

**Frequency of Physical Therapy:**

- Seen post-op Day 10-14, ideally
- Seen 1-2x/week for 6 weeks
- Seen 1-2x/week for 6 weeks
- Seen 1-2x/week for 6 weeks (if needed)

**Precautions following Hip Arthroscopy:**

- Weight-bearing as tolerated. Avoid antalgic gait.
- Hip flexor tendinopathy
- Greater trochanteric pain
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion (No resisted hip flexion exercises for first 4 weeks)
  - No active IR, or passive ER greater than 20 degrees (2 weeks)
  - NO HIP MOBS FOR 12 WEEKS POST OP

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**Guidelines:**

- **Weeks 0-4**

- CPM for 4 hours/day, first 10-14 days
- Bike for 20-30 minutes/day (can be 2x/day) as tolerated
- Scar massage
- Hip PROM
  - Hip flexion as tolerated, abduction as tolerated
  - Log roll (Limit ER to 20 degrees with hip in neutral)
  - No active IR
  - No passive ER in 90/90 position past 30 degrees (4 weeks)
  - Stool stretch for adductors
- Quadruped rocking for hip flexion
- Gait training WBAT with assistive device, WB restrictions based on pain and abnormal gait only.
- Hip isometrics -
  - Extension (limit to neutral), abduction, adduction, ER at 2 weeks (limit 20 degrees). No resisted hip flexion
- Hamstring mobility, Foam Roller okay, limit hip extension to neutral
- Pelvic tilts, bridges, ½ planks if tolerated
- NMES to quads with SAQ
- Modalities

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- **Weeks 4-6**

- Continue to progress previous Ther-Ex
- Goal of normal gait
- Stool rotations IR/ER (20 degrees)
- Supine bridges, ½ planks (pain dependent), hip hikes, etc. Goal is pelvic control.
- Isotonic adduction
- May begin short arc, closed chain strength for LE. Step ups, Mini squats, mini lunge, leg press, hip hinge, etc. Watch for weight shift/compensatory motion. Limit weight/load to 45 pounds for 12 weeks
- Spinal stability strengthening (avoid hip flexor tendinopathy)
- Upper body lifts seated or lying down, no weight restrictions.
- Scar massage
- Aqua therapy in low end of water
- Single leg balance as tolerated, multi-directions okay (Star balance)

- **Weeks 6-8**

- Continue with previous Ther-Ex
- Progress with ROM, goal of full ROM, pain-free by 8 weeks. Patient may feel subjective tightness with extension and ER
  - Passive hip ER/IR
    - Stool rotation ER/IR as tolerated → Standing on BAPS → prone hip ER/IR
- Continue spinal strength and stability exercises (avoid hip flexor

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tendonitis).

- Glute strength and lumbar extensor strength, may extend hip past neutral. Do not push through pain.
- Continue to progress arc with closed chain strength for LE. Step ups, Mini squats, stationary lunge, hip hinge, leg press, etc.
- **Weeks 8-10**
  - Progress previous Ther-Ex
  - Progressive hip ROM.
  - Progress strengthening LE
    - Hip strength and endurance. Focus abduction, ER, and hip extensors
    - Leg press (single leg eccentrics okay at this time)
    - Continue CKC strength progressing to full arc. May introduce lateral CKC strength as tolerated, no pivoting on hip.
  - May begin increasing resistance on bike. Hills okay.
  - Elliptical, minimal resistance
- **Weeks 10-12**
  - Continue with previous Ther-Ex
  - Maintain hip ROM
  - Progressive LE and core strengthening
    - Unilateral Leg press, Hex bar deadlift less than 50 lbs, RDLs, Squats less than 50 lbs, etc.
    - Unilateral cable column rotations
    - Eccentric step downs

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- Hip flexor, glute/piriformis, and IT-band mobilization – manual and self
- Progress balance and proprioception, with weight and/or reistance
  - Bilateral → Unilateral → foam → dynadisc
- Treadmill side stepping from level surface holding on progressing to inclines when gluteus medius is with good strength
- Hip hiking on stairmaster (week 12)
- **Weeks 12 +**
  - Impact activities okay at this time
  - Progressive LE and core strengthening. May begin linear progression for untrained individuals. No weight restrictions after 12 weeks.
  - Endurance activities
  - Dynamic balance activities
  - Treadmill running program
  - Sport specific agility drills and plyometrics
  - Triple extension exercises and Olympic lifts okay at this time.
- **3-6 months Re-Evaluate (Criteria for discharge)**
  - Hip Outcome Score
  - Pain free or at least a manageable level of discomfort
  - Able to deadlift weight equal to body weight (Hex bar okay)
  - NO OPEN CHAIN BIODEX TESTING
  - Single leg crossover hop
  - Figure 8 run

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Hip will continue to improve for 18 – 24 months. If there are any issues in the future, feel free to contact 801-587-1473 (Mark)