

Hip Arthroscopy

Post-Operative Rehabilitation Protocol

A phase-by-phase guide to protecting your hip and safely returning to the activities you love.

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Patient: _____

Surgery date: _____

Operative side: R / L

HOW TO USE THIS GUIDE

Your recovery moves through **five phases**. Progression is based on how your hip is healing and performing — **not just the calendar**. The week ranges below are typical guidelines; your surgeon and physical therapist may adjust the pace for what was found and treated in your hip, and their instructions always come first.

Circle the procedure(s) performed below. The matching addendum at the back of this packet adds extra restrictions on top of the base protocol. When two rules differ, **follow the more conservative one**.

PROCEDURE PERFORMED

Labral procedure (circle one)

Debridement Repair Reconstruction

Concomitant procedure — also performed (circle if applicable)

Femoral Head / Acetabular Microfracture

YOUR RECOVERY AT A GLANCE

Phase	Typical timing	Focus	Crutches?
1 · Protection	Weeks 0–2	Protect the repair; touchdown weight-bearing only	Yes — touchdown only
2 · Motion Progression	Weeks 2–4	Advance hip motion; still touchdown weight-bearing	Yes — touchdown only
3 · WB Progression & Control	Weeks 4–8	Progress to full weight-bearing; normalize gait; wake up glutes/core	Wean starting week 4
4 · Strengthening	Weeks 8–16	Build single-leg strength and control	No
5 · Return to Activity	Months 4–6+	Running, cutting, and full return to sport	No

A QUICK WORD ON HEALING

The labrum and capsule need **8–12 weeks to heal securely**, and full maturation continues for months after that. Some newer research suggests weight-bearing as tolerated may be just as safe as protected weight-bearing for certain patients, but **the protected approach below remains the standard we follow** unless your surgeon specifies otherwise. Feeling good early does **not** mean the tissue is fully healed — the most common cause of setbacks is doing too much, too soon.

PHASE 1

Protection

Protect the repair · touchdown weight-bearing only · avoid active hip flexion

WEEKS

0–2

GOALS

- Protect the labral and capsular repair
- Maintain touchdown weight-bearing without pain
- Maintain a safe gait pattern with crutches
- Begin gentle, pain-free passive motion

DO NOT

- Actively raise the operative leg (no active straight-leg raises, no active hip flexion)
- Put any weight through the operative leg beyond touchdown contact
- Push hip flexion past 90°, extension past neutral, or rotation/abduction past the limits below
- Push through pain or a pinching sensation in the hip

WEIGHT-BEARING: TOUCHDOWN ONLY, WEEKS 0–4

Touchdown (foot-flat) weight-bearing means the foot can rest flat on the ground for balance while walking with crutches, but should carry **no weight at all** — think of it as resting your foot on the floor, not stepping onto it. This continues for a full **4 weeks**, through Phases 1 and 2, before weight-bearing begins to progress in Phase 3.

Passive motion limits for the first 2–3 weeks	Goal
Hip flexion	0–90°
Hip extension	0° (no motion beyond neutral)
External rotation (at 90° hip flexion)	Up to 20–30°
Internal rotation (at 90° hip flexion)	Up to 20°
Abduction	Up to 30°

WHAT YOU'LL DO

- **Crutches with touchdown (foot-flat) weight-bearing**, step-to gait pattern — no weight through the operative leg
- **Physical therapy performs gentle passive range of motion** within the limits above, in a pain-free range
- **Self-assisted hip flexion** for functional mobility (getting in/out of bed or a car) — not active lifting of the leg
- **Ankle pumps and gentle knee motion** for circulation
- **Ice 20 minutes at a time, several times daily** — keep a cloth between ice and skin
- Take pain medication as prescribed; staying ahead of pain helps you tolerate therapy

READY FOR PHASE 2 WHEN...

- Incisions are healing well with no signs of infection
- Pain is controlled and touchdown gait with crutches is safe and comfortable
- Passive motion limits above are being met without pain

PHASE 2

Motion Progression

Weight-bearing stays touchdown-only — this phase is about advancing motion, not weight

WEEKS

2–4

GOALS

- Continue protecting the repair with touchdown weight-bearing
- Advance passive and active-assisted hip motion toward full
- Begin gentle glute and core activation
- Keep gait with crutches safe and comfortable

DO NOT

- Progress weight-bearing beyond touchdown (foot-flat, no weight) — even if the hip feels good, weight-bearing does not advance until week 4
- Combine extreme ranges of motion (e.g., deep flexion with rotation)
- Stretch the front of the hip (no hip flexor stretching, no prone press-ups) — the capsule is still healing
- Do resisted hip flexion or straight-leg raises against resistance

WHAT YOU'LL DO

- **Continue crutches with touchdown (foot-flat) weight-bearing** — no weight through the operative leg yet
- **Progress passive and active-assisted motion** toward full, still avoiding pain and pinching
- **Gentle glute and core activation** — isometric squeezes, non-weight-bearing bridging within comfort
- **Manual therapy and soft-tissue work** as directed by your physical therapist
- Continue icing and activity modification as needed for swelling

READY FOR PHASE 3 WHEN...

- You've reached week 4 and your surgeon has cleared weight-bearing to progress
- Hip motion is progressing toward full without pain
- Good, pain-free tolerance of daily activities on touchdown weight-bearing

PHASE 3

Weight-Bearing Progression & Control

Weight-bearing finally advances — retrain the glutes, core, and gait as it does

WEEKS

4–8

GOALS

- Progress weight-bearing from touchdown to full, per your surgeon's guidance
- Normalize gait completely, without a device
- Restore full, pain-free hip motion
- Activate the glutes and core without compensation
- Progress toward light resistance training

DO NOT

- Rush off crutches before weight-bearing has progressed and your gait is normal
- Perform aggressive joint mobilization (no grade III–IV mobilization) before 8 weeks
- Do long-axis hip distraction before 8 weeks
- Run, jump, or pivot
- Push through fatigue-related pain — quality of movement matters more than volume

WHAT YOU'LL DO

- **Weight-bearing progresses gradually from touchdown toward full**, starting at week 4 per your surgeon's specific instructions
- **Wean off crutches** once weight-bearing has progressed and you can walk without a limp
- **Gait retraining** — cueing to avoid a hip drop or Trendelenburg pattern as the glutes wake back up
- **Progressive glute and core strengthening** — bridges, clamshells, side-lying leg raises, planks
- **Closed-chain work** — mini-squats, step-ups within a comfortable range
- **Stationary bike and elliptical** with increasing resistance/duration as tolerated, once weight-bearing allows
- **Balance training** — double-leg progressing to single-leg stance

READY FOR PHASE 4 WHEN...

- Weight-bearing has progressed to full without a limp
- Full, pain-free hip motion
- Normal gait on all surfaces without a device
- Good glute activation without compensation on testing

PHASE 4

Progressive Strengthening

Build the single-leg strength and control that protects the hip long-term

WEEKS

8–16

GOALS

- Build hip, core, and lower-extremity strength
- Develop single-leg control and stability
- Return to most daily and work activities

DO NOT

- Begin running or plyometrics before cleared in Phase 5
- Progress resistance faster than pain-free tolerance allows
- Ignore pinching or catching sensations — report them rather than pushing through

WHAT YOU'LL DO

- **Progressive resistance training** — squats, deadlift patterns, step-ups, hip thrusts
- **Single-leg strengthening** — split squats, single-leg bridges, lateral band walks
- **Core and pelvic stability work** integrated with hip strengthening
- **Cardio:** stationary bike, elliptical, swimming (once incisions are fully healed)
- **Sport-readiness prep** — light agility and multi-directional drills as strength allows, late in this phase

READY FOR PHASE 5 WHEN...

- Hip and core strength approaching symmetry with the other side
- Single-leg control is solid on functional testing
- No pain with progressive loading

PHASE 5

Return to Activity & Sport

Running, cutting, and a graded return to full sport and activity

MONTHS

4–6+

GOALS

- Full return to work, sport, and recreation
- Confidence in the hip under real-world, multi-directional demands

KEEP IN MIND

- Sport-specific and cutting/pivoting training should be supervised
- Progress one variable at a time — distance, speed, or direction changes, not all at once
- Full return to cutting/contact sports typically waits for strength and movement-quality testing

WHAT YOU'LL DO

- **Graded return-to-run program** — walk/jog intervals progressing to continuous running
- **Plyometrics and agility work** — hopping, cutting drills, deceleration training
- **Sport-specific drills** as applicable, building toward full practice and then competition

Typical return-to-activity timelines	Goal
Low-impact activity (walking, swimming, cycling)	6–12 weeks
Running	3–4 months
Cutting, pivoting, and contact sports	4–6 months

CALL THE OFFICE RIGHT AWAY IF YOU NOTICE

- Fever over 101.5°F, or spreading redness, warmth, or drainage at the incisions
- Calf pain or swelling, chest pain, or shortness of breath (call 911 for chest pain/breathing trouble)
- Sudden loss of motion, new instability, or pain not controlled by medication
- Numbness in the groin or perineum is common after traction and usually resolves within days to weeks — but tell us if it persists or worsens

ADDITIONAL PROCEDURES

If Your Surgery Included More Than Labral Repair or Debridement

These addenda **modify** — they do not replace — the **base protocol** for the procedures circled on page 1. Where an addendum is stricter, **the stricter rule wins**.

ADDENDUM A | ADDITIONAL PROCEDURE

Labral Reconstruction

When the native labral tissue was inadequate to repair, a graft (autograft or allograft) was used to reconstruct the labrum and restore its sealing function. Graft healing takes longer than a repair, so several restrictions are held further into recovery.

Weeks 0–4+ — extra rules

- **Touchdown weight-bearing is often extended to 6 weeks** (rather than 4) — your surgeon will specify the exact duration for your graft
- The same motion limits as the base protocol apply, but are typically **held 1–2 weeks longer** before advancing

Weeks 4–12

- **No long-axis hip distraction (manual traction) until 12 weeks** (rather than 8) — this protects the healing graft and capsular seal
- Motion and weight-bearing progress toward the base protocol's targets, guided by your surgeon's specific timeline

Months 3+

- Strengthening and return-to-run generally follow the base protocol timeline, though your surgeon may extend it
- Full return to cutting/pivoting or contact sport is often **6–12 months** rather than 4–6, reflecting the extra time a graft needs to fully incorporate

ADDENDUM B | ADDITIONAL PROCEDURE

Concomitant Femoral Head / Acetabular Microfracture

A cartilage defect on the femoral head or acetabulum was treated with microfracture to stimulate new fibrocartilage formation. That new tissue is fragile and needs protection from compressive load for significantly longer than a labral repair alone.

Weeks 0–6 to 8 — extra rules

- **Touchdown weight-bearing is extended to 6–8 weeks** (rather than 4) — this is the single biggest change from the base protocol
- **Hold all resisted or weight-bearing strengthening exercises until week 6**, even ones otherwise allowed in the base protocol's Phase 3
- If a CPM (continuous passive motion) machine was provided, use it as directed — often several hours a day for the first 6–8 weeks — to encourage healthy fibrocartilage formation

Weeks 8–16

- Weight-bearing and strengthening progress toward the base protocol's Phase 3–4 targets, on a delayed timeline set by your surgeon based on the size and location of the lesion

Months 4+

- Return to running and impact activity is typically delayed several weeks to months beyond the base protocol, and high-impact/pivoting sports may be delayed toward the **6–9 month** range
- Your surgeon may recommend longer-term modification of high-impact activity depending on lesion size and location

QUESTIONS ALONG THE WAY?

Bring this packet to every physical therapy visit and follow-up appointment. Your therapist can note your measured motion and strength in the margins so everyone stays on the same page.

Advocate Medical Group — Orthopaedic Surgery & Sports Medicine

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This protocol is a general guideline based on current evidence and criterion-based rehabilitation principles. It does not replace individualized medical advice; the instructions of your surgeon and physical therapist always take precedence.