
PHYSICAL THERAPY REHAB PROTOCOL

Hip Arthroscopy — Labral Repair

Rehab Protocol, Labral Refixation With or Without FAI Component

General Guidelines

- No active external rotation for 4 weeks
- Normalize gait pattern with brace and crutches
- Weightbearing as per procedure performed
- Continuous passive motion (CPM) machine: 4 hours/day, or 2 hours if on bike

Precautions After Hip Arthroscopy / FAI (Refixation / Osteochondroplasty)

- Weightbearing will be determined by procedure
- Hip flexor tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion; be careful with external rotation and aggressive extension

Weeks 0–2

- **No external rotation > 20°**
- CPM for 4 hours per day
- Bike for 20 minutes per day (can be 2× per day)
- Scar massage
- Supine hip log rolling for internal rotation
- Progress with ROM
- Introduce stool rotations (AAROM hip IR)
- Pelvic tilts
- Hip isometrics — **no flexion**
- Stool rotations for IR
- Supine bridges
- NMES to quads with SAQ
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Gait training PWB with assistive device

- Modalities

Weeks 2–4

- Continue with previous therapeutic exercise
- Progress weightbearing (week 3)
- Week 4: wean off crutches
- Progress with hip ROM
- Bent knee fall-outs (week 4)
- Stool rotations for ER (weeks 3–4)
- Glute/piriformis stretch
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening — isotonic all directions except flexion
- Step downs
- Clam shells → isometric side-lying hip abduction
- Hip hiking (week 4)
- Begin proprioception/balance training: balance boards, single leg stance
- Bike / elliptical
- Scar massage
- Bilateral cable column rotations (week 4)
- Treadmill side stepping, progressing from level to inclines (week 4)
- Aquatic therapy in low end of water

Weeks 4–8

- Continue with previous therapeutic exercise
- Progress with ROM
- Standing BAPS rotations
- External rotation with FABER
- Hip joint mobilizations with mobilization belt: lateral and inferior with rotation; prone posterior-anterior glides with rotation
- Hip flexor, glute/piriformis and IT band stretching (manual and self)
- Progress LE strengthening
- Introduce hip flexion isotonic
- Multi-hip machine (open and closed chain)
- Leg press (bilateral → unilateral)
- Isokinetics: knee flexion/extension
- Progress core strengthening (avoid hip flexor tendonitis); prone/side planks
- Progress with proprioception/balance: bilateral → unilateral → foam → Dyna-Disc
- Progress cable column rotations: unilateral → foam

- Side stepping with TheraBand

Weeks 8–12

- Progressive hip ROM
- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities

Weeks 12–16

- Progressive LE and core strengthening
- Plyometrics
- Treadmill running program
- Sport-specific agility drills

These instructions are general guidelines from Dr. Tannenbaum's office. Always follow any specific instructions given to you by Dr. Tannenbaum or his team. Questions? Call Southern Indiana Orthopedics at (812) 376-9353.