



Hip Arthroscopy Post-operative Rehabilitation Protocol

Phase 1: 0-2 weeks post-operatively

Goals	<ul style="list-style-type: none"> • Protect repair • Minimize pain • Minimize swelling • Plan to begin physical therapy and/or home exercise program 1-3 days after surgery • Work on normalizing gait with crutch use
Crutch Use	<ul style="list-style-type: none"> • Ambulate using crutches for first 4 weeks at 50% weight bearing, maintain foot flat on ground to reduce force in the hip
Range of Motion	<ul style="list-style-type: none"> • Limit hip flexion to 90° - can use stationary bike with high seat and no resistance • Avoid excessive internal and external rotation • Seated knee extension • Prone knee flexion
Strengthening	<ul style="list-style-type: none"> • Quad, glute, and hamstring sets, adductor and abductor isometrics • Hip joint mobilization • Heel slides • Pelvic tilts • Double legged supine bridge
Home Instructions	<ul style="list-style-type: none"> • Keep surgical dressings clean and dry • Change surgical bandages on the 2nd day after surgery (keep covered until first clinic visit) • Can bathe on the 2nd day after surgery (do not scrub, soak, or submerge the incisions) • Avoid sleeping directly on your hip. Sleeping with a pillow between your knees is helpful to decrease movement of the hip and increase comfort. • Sutures will be removed at first post-operative visit • No driving until 4-6 weeks after surgery, to be determined by the surgeon • Take Aspirin (or other prescribed DVT medication) for 2 full weeks after surgery • Take naproxen 500 mg twice daily for 30 days after surgery to prevent abnormal bone formation. Do not take additional nonsteroidal anti-inflammatory medications with the naproxen such as Aleve, Advil, Motrin, ibuprofen, meloxicam, or diclofenac. • Some pain or numbness in the groin, leg, and/or foot can occur, but usually resolves within the first two weeks after surgery • Ice hip 20-30 minutes, 5-6x a day using a thin barrier, do not use heat

Phase 2: 2-6 weeks post-op

Goals	<ul style="list-style-type: none"> • Protect repair • Increase range of motion • Transition from crutches • Normalize gait • Progressively increase muscle strength
Crutch Use	<ul style="list-style-type: none"> • Wean from crutches as tolerated starting at the 4 week mark • Start with single crutch on opposite side of operative hip • May transition to no crutches once comfortable and no significant gait deviations • May continue to need crutches when planning to walk a distance or be on your feet for a longer period of time

Range of Motion	<ul style="list-style-type: none"> • Progress with hip range of motion • No external rotation >20 degrees • No hip flexion >105 degrees
Strengthening	<ul style="list-style-type: none"> • Continue mobilizations to include deep tissue, hip, pelvis, and spine • Progress core strengthening • Hip flexor activation (be cautious with active/resisted hip flexion to prevent inflammation) • Clam shells • Single-leg bridges • Leg presses with minimal resistance • Weight-shifting • ¼ mini squats • Quadruped superman • Standing 4-way hip with low resistance • Can incorporate aqua therapy, if available, once portals heal
Home Instructions	<ul style="list-style-type: none"> • Discontinue crutches as tolerated • Continue to ice hip 20-30 minutes, 5-6x a day using a thin barrier • Continue physical therapy to progress ROM and strengthening

Phase 3: 6-12 weeks post-op

Goals	<ul style="list-style-type: none"> • Protect repair • Normalize motion, strength, and gait • Improve endurance and conditioning • Improve neuromuscular control, balance, and proprioception
Brace/Crutch Use	<ul style="list-style-type: none"> • Wean off crutches if not done already
Range of Motion	<ul style="list-style-type: none"> • No restrictions for normalizing hip range of motion • Focus on symmetry with unaffected side • Stationary bike- lower seat to allow increasing hip flexion
Strengthening	<ul style="list-style-type: none"> • Continue joint mobilizations • Increase resistance with active exercises • Clamshells with theraband • Sidelying planks • Physioball hamstring • Side-stepping with resistance • Lunges • Neuromuscular training to include core stabilization, single leg balance, step-ups, Bosu squats, and side steps • Elliptical and treadmill with minimal resistance/speed

Phase 4: 12-16 weeks post-op

Goals	<ul style="list-style-type: none"> • Full hip ROM • Normalize function • Sport specific training • Prepare to return to activity
Brace/Crutch Use	<ul style="list-style-type: none"> • Full ambulation without use of crutches

Range of Motion	<ul style="list-style-type: none"> • Full hip range of motion • Focus on strengthening and proprioceptive training
Strengthening	<ul style="list-style-type: none"> • Continue as above • Introduce low-impact plyometrics • Increase resistance and duration on bike and elliptical • Swimming as tolerated • Sport-specific agility drills • Traditional weight training • Start running progression

Requirements for Return to Sport/Activities:

- Full pain-free range of motion symmetrical to opposite side
- Symmetrical hip strength
- Stable pelvis
- Ability to perform sport-specific drills at full speed without pain

For any questions about operative details or rehabilitation guidelines, please contact the respective surgeon's Athletic Trainer at the contact information found at this link: <https://med.virginia.edu/orthopaedic-surgery/orthopaedic-divisions/sports-medicine/protocols/>