KEVIN O'DONNELL, MD

Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

Hip Arthroscopy

Femoroacetabular impingement (FAI) correction and/or labral repair

Rehabilitation protects the repaired labrum and capsule while restoring motion and hip stability. Early weight bearing is limited and end-range positions (especially extension with external rotation) are avoided. If a microfracture was performed, weight bearing is restricted longer — follow specific instructions.

General Precautions

- Flat-foot / partial weight bearing with crutches (~20 lb) for ~2–3 weeks (longer if microfracture).
- Avoid active hip flexion past 90° and end-range external rotation/extension early (protect the labrum/capsule).
- No pivoting or aggressive stretching for 6 weeks.
- A hip brace and/or continuous passive motion may be used per surgeon preference.

Phase I — Protection & Motion Weeks 0–3

Goals

- Protect the repair
- Control pain/swelling
- Restore gentle motion
- Prevent adhesions

Precautions / Restrictions

- Partial weight bearing with crutches
- No active hip flexion / no hip extension past neutral with ER
- Avoid end-range rotation

Exercises & Interventions

- Passive range of motion; gentle circumduction
- Stationary bike (no resistance, high seat)
- Glute, quad, and core isometrics
- Ankle pumps
- Heel slides within comfort

Criteria to Advance

- Pain controlled
- Normal gait pattern developing

Phase II — Progressive Motion & Load Weeks 3–6

Goals

- Wean crutches
- Restore full range of motion
- Normalize gait

Precautions / Restrictions

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- Progress weight bearing to full as tolerated
- Avoid pinching/impingement positions

Exercises & Interventions

- Progress to full weight bearing; wean crutches
- Full range of motion
- Closed-chain strengthening (mini-squats, bridges)
- Core and gluteal strengthening
- Balance/proprioception

Criteria to Advance

- Full pain-free motion
- Normal gait without crutches

Phase III — Strengthening Weeks 6–12

Goals

- Restore strength and dynamic stability

Exercises & Interventions

- Progressive resistive hip/core strengthening
- Single-leg strengthening and balance
- Elliptical / low-impact conditioning
- Begin light jogging progression late in phase if criteria met

Criteria to Advance

- Strength ≥80% of opposite side
- Pain-free with functional movement

Phase IV — Return to Sport Months 3–6

Goals

- Return to running, agility, and sport

Exercises & Interventions

- Running progression
- Agility, cutting, and plyometric progression
- Sport-specific drills

Criteria to Advance

- Symmetric strength
- Passing functional/hop testing
- Return to sport typically ~4–6 months

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.