DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Physical Therapy Protocol

Hip Arthroscopy w/Labral Reconstruction

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

Patient Name	Date of Surgery	Prescribing Surgeon
		Dr. Kaisen Yao, MD

General Guidelines & Precautions

- Use crutches with protected weight bearing as prescribed — typically somewhat longer than an isolated labral repair given graft healing requirements — and wear the hip brace if provided.
- Avoid combined hip flexion past 90°, external rotation, and extremes of abduction in the early phase to protect the reconstructed labrum.
- Prioritize swelling and pain control with ice and elevation.
- Contact the surgeon for fever, excessive drainage, uncontrolled pain, or new numbness or tingling.

PHASE I
Protected Weight Bearing

TIMEFRAME
WEEKS 0–4

Goals:
Protect the labral graft, control pain and swelling, and restore basic hip range of motion within limits.

Precautions:
Protected weight bearing with crutches, typically longer than for an isolated repair; avoid hip flexion beyond 90°, external rotation, and combined extension/external rotation.

Interventions:
Cryotherapy, gentle passive/active-assisted hip range of motion within limits, quad sets, glute sets, and gentle core activation.

Criteria to Progress:
Pain controlled, incisions healing well, and tolerating protected motion.

PHASE II

Progressive Weight Bearing & Motion

TIMEFRAME

WEEKS 4–8

Goals:
Progress to full weight bearing as cleared, restore full range of motion, and begin gentle strengthening.

Interventions:
Stationary bike with minimal resistance, progressive hip range of motion, gentle closed-chain strengthening (mini-squats, bridges), hip abductor/external rotator activation, and gait training off crutches.

Precautions:
Continue to avoid deep flexion combined with rotation and forceful stretching until graft incorporation is well underway.

Criteria to Progress:
Full weight bearing without crutches, minimal pain, and improving hip range of motion.

PHASE III

Strengthening & Neuromuscular Control

TIMEFRAME

WEEKS 8–16

Goals:
Restore full strength, endurance, and dynamic control of the hip and core.

Interventions:
Progressive hip and core strengthening, single-leg balance and stability drills, step-ups/step-downs, elliptical, and stationary bike with increasing resistance.

Functional Focus:
Emphasize symmetrical mechanics with squatting, single-leg stance, and gait.

Criteria to Progress:
No pain with strengthening, good single-leg control, and strength approaching the uninvolved side.

PHASE IV

Return to Running, Agility & Sport

TIMEFRAME

4–7 MONTHS

Goals:
Progress running, agility, and sport-specific movement while maintaining pain-free hip mechanics.

Interventions:
Criterion-based walk-jog progression, plyometrics, cutting and pivoting drills as tolerated, and sport-specific retraining.

Return to Sport/Work:
Return to cutting, pivoting, or impact sports should follow surgeon and therapist clearance, typically later than an isolated repair given graft healing timelines.

Discharge Criteria:

Full pain-free range of motion, symmetrical strength and functional testing, and safe mechanics during advanced dynamic tasks.

This protocol is a general guideline. Because a labral reconstruction graft requires more time to incorporate than a repair, progression should be individualized by the treating physical therapist in coordination with Dr. Yao's office.