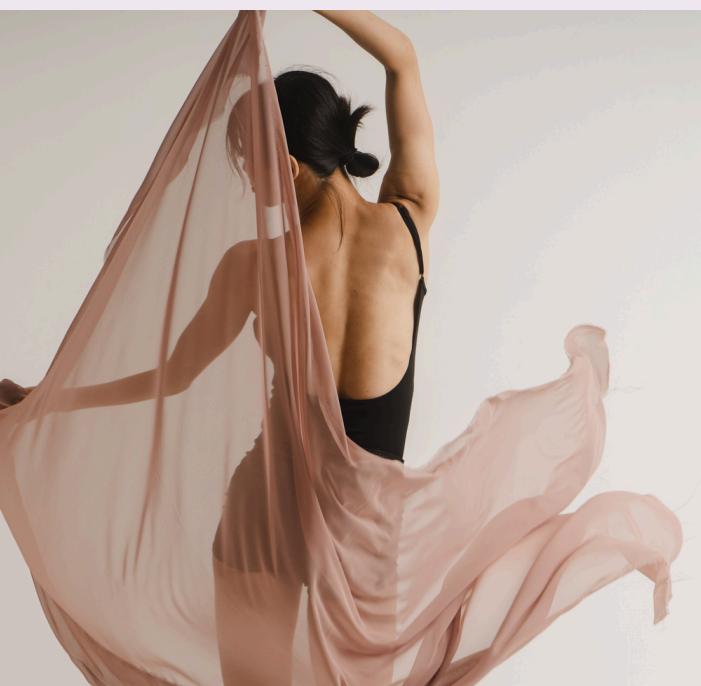


ATHLETE-FOCUSED
RECOVERY GUIDE



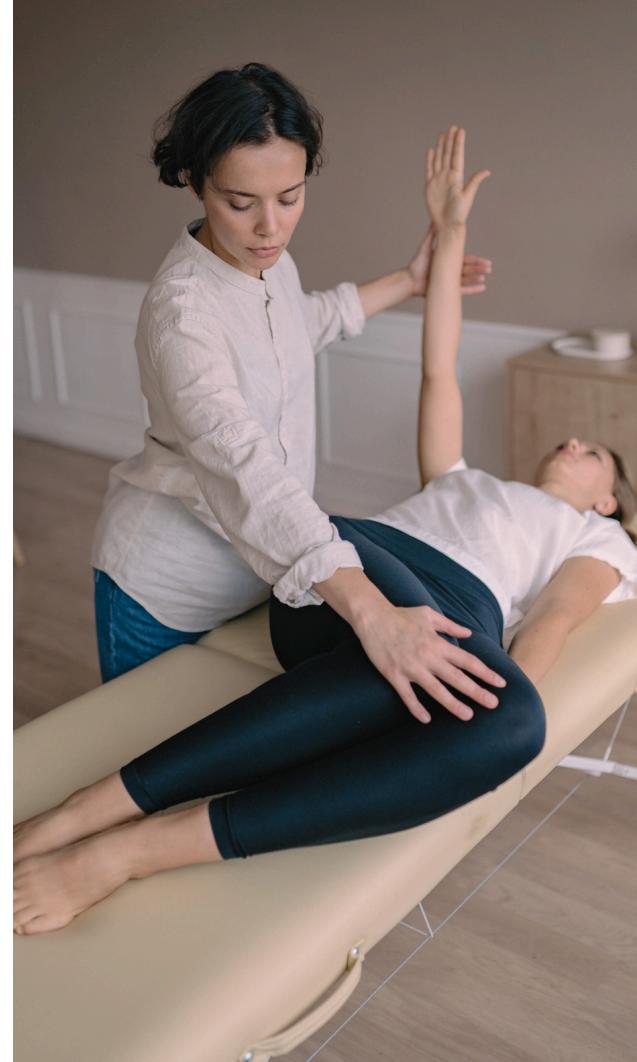
RETURN-TO-SPORT TIMELINE *After* HIP ARTHROSCOPY



READ *this* FIRST

What this guide is—and isn't

This timeline is a general roadmap for athletes after hip arthroscopy. Your exact pace depends on the procedure performed, your sport, and how your body responds. Always follow your surgeon and physical therapist's instructions.



Key principles

- **Progress ≠ linear.** Small setbacks are normal—adjust, don't quit.
- **Pain rule:** keep activity $\leq 2/10$ during and after. If pain or swelling lasts >24 hours, step back.
- **Quality first.** Form and control matter more than volume or speed.
- **Track your response.** Note pain, stiffness, sleep, and swelling after new steps.

Clear communication = faster return.

Share soreness spikes, pinchy hip flexor pain, or lingering swelling with your PT/surgeon quickly.



CLEARANCE *checkpoints* (move-forward gates)

Before you add impact or advance phases, aim for:

- **ROM:** near-symmetrical flexion/extension and rotation without pinch.
- **Strength:** hip & core $\geq 80\%$ limb symmetry to start impact; $\geq 90\%$ before sport practice (hand-held dynamometer or PT testing).
- **Movement quality:** pain-free **single-leg squat $\times 15$** each side with knee control; **Y-Balance** within **95% symmetry**.
- **Impact tolerance:** walk 30–45 min pain-free; no next-day flare.
- **Cardio base:** 20–30 min continuous low-impact (bike/elliptical/pool) at conversational pace.

Note: These are **general** criteria; your team may use different tests (e.g., hop tests, isokinetic strength, HAGOS/iHOT scores).

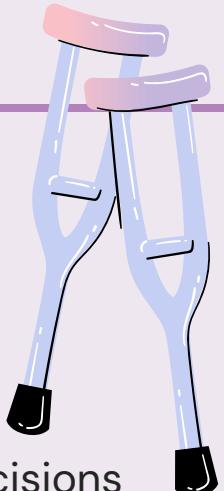


WEEKS 0–6

(Protect & restore)

Phase 1 – Protect & Restore (Weeks 0–2)

- Crutches per protocol (often 2–3 wks).
- Ice/elevation, wound care, avoid hip-flexor overuse.
- Supine gentle ROM, ankle pumps, diaphragmatic breathing.
- **Cardio:** Upper-body ergometer; short easy walks as allowed.



Phase 2 – Early Rehab (Weeks 2–6)

- Wean crutches when gait is **normal** and cleared.
- Stationary bike (no/low resistance), pool walking when incisions healed.
- Glute sets, bridges, clamshells, side-lying abduction (no pinch).
- Core: dead bug variations, palloff press, farmer carry light.
- Mobility: hip capsule-friendly stretching (avoid aggressive flexor work).
- **No running, cutting, or plyometrics.**

If hip flexor gets cranky, reduce straight-leg raises and substitute **marches with band**, posterior chain emphasis.



WEEKS 6–12

(Strength & control)

Phase 3 – Strength & Control

- Progressive resistance: bridges → hip thrusts; split squats; step-ups; RDLs.
- Lateral strength: banded walks, lateral step-downs.
- Balance/proprioception: single-leg holds, reaches, perturbations.
- Cardio: bike/elliptical with intervals; pool jog.
- Intro low-amplitude plyometrics when cleared: pogo hops, line hops.
- **Still no running** unless cleared by checkpoints.

Green flags

- Pain ≤2/10 during/after
- No next-day swelling
- Gait symmetrical
- Single-leg stance ≥30s stable

MONTHS 3–4

(Return to running)



Phase 4 – Impact Preparation & Run Progression

Pre-run checks:

- Walk 45 min brisk, pain-free
- Hip strength $\geq 80\%$ symmetry
- Dynamic control on single-leg squat & step-downs

4-Week Walk-to-Jog Progression (3x/week, non-consecutive)

(If pain/swelling >24h, repeat the last successful session.)

Session	Work:Rest	Rounds	Total Time
Week 1A	1-min jog : 2-min walk	×10	30 min
Week 1B	2-min jog : 2-min walk	×8	32 min
Week 2A	3-min jog : 2-min walk	×7	35 min
Week 2B	4-min jog : 1-min walk	×6	30 min
Week 3A	6-min jog : 1-min walk	×5	35 min
Week 3B	8-min jog : 1-min walk	×4	36 min
Week 4A	Continuous easy jog	20–25 min	–
Week 4B	Continuous easy jog	25–30 min	–



ADD-ONS

(alternate days): drills (A-skips, butt kicks), light strides, mobility.

MONTHS 4–6+

(Sport rebuild & return)

Phase 5 – Controlled Sport Re-Intro (Months 4–6)

Running progression → tempo runs → acceleration/deceleration.



Change-of-direction ($45^\circ \rightarrow 90^\circ \rightarrow 180^\circ$), low → high intensity.



Non-contact practice, position drills, and small-sided games.



Strength: heavy lifts (as programmed), anti-rotation core, lateral power.

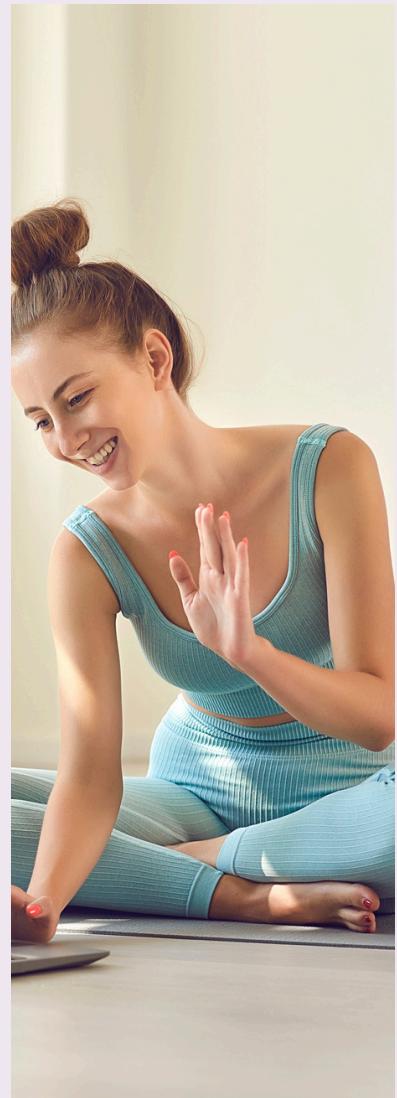


Plyos: box jumps, bounds, depth drops (progress carefully).

Phase 6 – Full Return to Sport (6–9+ months)

Clearance targets (typical):

- **Strength $\geq 90\%$ symmetry (or surgeon/PT target)**
- Hop or agility tests $\geq 90\%$ symmetry (if used)
- Sport-specific conditioning: complete a full practice at **game speed $\times 2$** with $\leq 2/10$ pain and no next-day flare
- Coach/PT/surgeon sign-off



Return ladder: individual skills → non-contact practice → controlled scrimmage → limited minutes → full competition.

SELF-MONITORING & RESOURCES

(tear-out / print)

Weekly Recovery Log

(copy block with lines or checklist)

- *Pain today (0–10): __ | Next-day stiffness: __*
- *Rehab done (✓): mobility strength cardio plyos*
- *Sleep hours: __ | Notes: _____*
- *Wins I'm proud of: _____*

When to message your care team

- *Pinching pain that doesn't improve with deload*
- *Swelling or warmth that worsens after 24–48 hrs*
- *Night pain disrupting sleep*
- *New catching/locking sensations*

Questions about your timeline?

We'll customize it to your sport.

HipPreservation.org

Schedule an Appointment • 720.764.2766