SIDELINE ORTHOPEDICS AND SPORTS MEDICINE
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Hip Arthroscopy Labral Repair Therapy Protocal

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**Precautions: patients will be partial weight bearing until 3 weeks post-op for labral repairs. If the procedure includes any other procedures such as: chondral repairs, microfractures, acetabuloplasty etc, the patient will be NWM for 6 weeks or until their physician progresses their weight bearing.

PHASE I: (Day 1-5)

Goals:

Decrease pain and inflammation
Prevent pain when rising from chair
Teach patient recruitment of core musculature when rising from chair to avoid anterior hip pain

Precautions:

Avoid excessive flexion and abduction
Avoid hip hike with use of upright bike

Treatment Strategies:

NSAIDS/Cryotherapy
CPM (start 30˚-70˚) increase as tolerated to 0˚-90˚
Start isometrics

- Quad sets, glute sets, abductor sets, adductor sets, transverse abdominals

Ergometry-seat at highest setting on upright stationary bike, but allows patient to reach pain free. Must be able to perform without pain and without substitution. May perform 1-2x/day x 15-20 minutes. Upright bike is used to avoid irritation to hip flexors, which may occur on a recumbent bike.

PHASE II: Tissue Healing Phase (Weeks 1-4)

*Patient to be seen 2x/week if they don't have access to a stationary bike at home. Frequency can be 1x/week or 1x/every 2 weeks if normal gait pattern has been achieved.

Goals:

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Decrease pain and inflammation
Reestablish normal gait patterning
Progress ROM

Precautions:

Avoid Trendelenburg, hip hiking or shortened stride length with gait
All exercises must be performed in pain free ROM

Treatment Strategies:

NSAIDS/Cryotherapy
Establish normal gait patterning while maintaining weight bearing status. Work on glute firing during ambulation and with transfers to allow for pain free movements (i.e. rising from a chair). Begin weight bearing progression at 3-4 weeks depending upon patient's pain and gait pattern. Complete discontinuation of crutches will vary from 3-8 weeks post-op depending upon the patient's pain, gait patterning and type of surgery.
Begin IE and ER exercises limited to 30˚ ER. Start with windshield wipers and progress to stool ROM.
PROM and stretching at 3 weeks
- Hip flexors, abductors, hamstrings, gastrocs

Pool amp (forward, backward, sidestep) when wounds are healed
- Start in deep water and progress to more shallow as gait pattern improves

Physioball ROM to work on pelvic mobility and hip/pelvis disassociation
Quadruped rocking, quadruped cat/cow

PHASE III: Early Strengthening Phase (Weeks 4-11)

*Frequency 2x/week

Goals:

Decrease pain and inflammation
Reestablish normal gait patterning without use of crutches
Progress ROM

Precautions:

Avoid hip flexor and abductor tendonitis
All exercises must be performed in pain free ROM
Wean from crutches only if no pain is present

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Start only if Phase I and II have been completed without pain and with establishment of normal gait patterning

Check pelvic alignment to ensure rotations are not the cause of abnormality of gait

Treatment Strategies:

AROM once full pain free PROM (hamstring, gastroc, hip flexor, hip adductor stretching)

Progress to OKC hip strengthening (SLR, hip abd, clams)

Weight bearing hip rotation activities (BAPS board). Progress to resisted rotation with theraband

Core strengthening (avoid use of hip flexors) therapy ball, bridging, crunches, planks

Prone IR/ER-progress with manual or T-band resistance

Elliptical/stationary upright bike

Knee strengthening (wall squats, heel raises, hip ups, side monsters, lunges, shuttle/leg press, resisted knee flex and extension, 3 point touch)

Manual therapy to allow for improved joint mobility and correct pelvic alignment

- Mobs, muscle energy techniques, manual stretching

PHASE IV: Late Strengthening Phase (Weeks 12+)

*Return to sport typically in months 5-6 once patient has achieved full muscle strength and coordination

Goals:

Return to full functional or sport specific activities

Precautions:

Cannot be started until Phase III exercises have been completed and goals met

Cannot start jogging until patient demonstrate good stability with balance activities and pain free double and single leg jumping has been completed

Phase IV activities should not be started if patient continues to struggle with activities performed in Phase III

Treatment Strategies:

Progress single leg stability activities

Back pedal

Start jumping activities-start with double leg and progress to single leg

Progress to jogging

Begin cutting drills

Sports specific training

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