

## Hip Arthroscopy With Labral Repair Protocol

### Preoperative

#### **Goals:**

- 1. Independent ambulation with assistive device including stairs**
- 2. Good understanding of weight bearing guidelines**
- 3. Able to demonstrate initial HEP**

#### Treatment:

- Gait training with emphasis on weight bearing restrictions using appropriate assistive devices to include stair training
- Instruct in HEP: ankle pumps, glut sets, hamstring sets, quad sets, adductor sets, abductor sets

### Postoperative care

**OVERALL GOAL:** Brief rehabilitation with education on signs and symptoms of overuse and modification of activity to avoid pain.

This protocol is based on goal-oriented progression. Each patient is different and should be treated according to their tolerance in therapy.

Impact activity should not begin any earlier than 7 weeks post-operative (i.e. running, jumping, Stairmaster) and should be started only when the patient exhibits a nearly full passive and active range of motion of the hip. Particular attention should be paid to the improvement of passive and active internal rotation of the hip. The patient will maintain weight-bearing restrictions for four weeks following the procedure (or as directed by surgeon).

#### **I. Initial Phase:**

**Goals: Regain range of motion within tolerance, decrease swelling and pain, retard muscle atrophy.**

##### A. Day of surgery:

1. Begin isometric glut sets and ankle pumps.

##### B. Post-operative days 1-7:

1. Non weight bearing for the first 2 days progressing to Touch toe weight bearing crutch ambulation. Foot flat weight bearing is appropriate if patient understands concept. Maintain foot-flat until four weeks postoperative.

2. Immediate post-operative exercises:
  - a. Isometric quad sets, glut sets, hamstring sets, adductor sets, abductor sets
  - b. Ankle Pumps
  - c. Active assisted range of motion in all planes without pain. Limitations placed by surgeon with respect to overall range. Most of the time the limits include flexion to 90°, internal rotation to 30° and external rotation to 45° for the first month.
  - d. Hip mobilization if beneficial in decreasing pain and increasing range of motion with straight distraction.
    - Inferior glide – patient supine, (hip and knee bent to 90°). Force applied at proximal anterior thigh with movement inferiorly.
    - Posterior Glide – patient supine (hip and knee bent to 90°). Force applied down through knee for posterior hip movement.
  - d. Open chain abduction, adduction with resistance.
  - e. Pool exercises (if surgical site is closed and dry); water resisted toning, swimming and walking drills.
3. Avoid early straight leg raises until at least three weeks postoperative
4. Gentle toning exercises can begin as early as week one as long as patient is pain free and remains pain free throughout exercises.
5. Modalities/Manual Therapy for pain/soft tissue concerns

## II. Early Phase:

**Goals: Regain and improve muscular strength and normalize joint arthrokinematics.**

- A. Post-operative weeks 2-3:
  1. Continue to progress range of motion with gradual end range stretch within tolerance and surgical limits placed.
  2. Begin progressive resistive exercises as tolerated:
    - a. Closed chain bridging. Progress to single limb as tolerated
    - b. Open chain above knee resistive Thera-Band or pulley exercise in adduction, abduction, and hamstring curl as tolerated.
    - c. Bike if tolerated (standard...avoid recumbent). Start with minimal resistance
    - d. Pool exercises.
  3. No impact or repetitive twisting activities.
  4. Initiate UE/Trunk therapeutic exercise program
  5. Modalities/Manual Therapy for pain control

## III. Intermediate Phase:

**Goals: Improve functional strength and endurance, without high impact.**

- A. Post-operative weeks 4-6:

1. Begin gradual progressive weight-bearing as tolerated. Progress patient to normalized gait pattern
2. Continue flexibility exercises.
3. Continue to progress resistive strengthening and functional strengthening exercises.
  - a. Closed chain exercises as tolerated include wall squats and leg press (minimal resistance)
  - b. Open chain strengthening all planes
  - c. Begin biking (Standard...avoid recumbent)
  - d. Progress UE/trunk therapeutic exercises
  - e. Modalities/Manual Therapy for pain control

IV. Advanced Phase:

Goals: Return to functional activities and sports-specific motions.

A. Post-operative weeks 7-12:

1. Begin progression to functional activities
2. Pivoting and rotational (high impact) activities gradually introduced.
  - a. No Pain
  - b. Predicated on normal range of motion prior to institution of activities

B. Return to full activities weeks 8-12, as tolerated

C. Full, unrestricted activities at 12-16 weeks.

D. Return to Sports 16 weeks to 6 months if athlete is able to safely perform all physical requirements of their sport without compensation

ARTHRITIC PATIENTS: DO NOT PUSH TO GAIN MOTION. Limited pain free motion is acceptable.