

Hip Arthroscopy Labral Repair Therapy Protocol



DR. EASTWOOD

PRECAUTIONS

Patients will be partial weight bearing until 3 weeks postoperative for labral repairs. If the procedure includes any other procedures, such as chondral repairs, microfractures, acetabuloplasty, etc., the patient will be non-weightbearing (NWB) for 6 weeks or until their physician progresses their weight bearing.

POSTOPERATIVE PHASE I:

(1-5 Days)

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.

*If you have any problems or questions,
please call your doctor's office (8am-5pm).*

Answering service for after hours.

250 S. MAIN STREET, SUITE 224A
BLACKSBURG, VA 24060
P 540.552.7133 | F 540.552.7143
ORTHOVIRGINIA.COM

POSTOPERATIVE PHASE II:

Tissue Healing Phase (1-4 Weeks)

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

- Decrease pain and inflammation
- Reestablish normal gait patterning
- Progress ROM

PRECAUTIONS

- Avoid Trendelenburg position, 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 postoperative 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

POSTOPERATIVE PHASE III:

Early Strengthening Phase (4-11 Weeks)

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
- 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 open Kinetic chain hip strengthening (SLR, hip abduction, 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 TheraBand® 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

POSTOPERATIVE PHASE IV:

Late Strengthening Phase (12 Weeks+)

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 demonstrates 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