

Post Operative Hip Arthroscopy Rehabilitation Protocol for Labral Repair With or Without FAI Component

**Phase 1 - Rehabilitation Goal: Protect the joint and avoid irritation
(Approximately Weeks 1-6)**

ROM Restrictions:

-Perform PROM in patient's PAIN FREE Range

FLEXION	EXTENSION	EXTERNAL ROTATION	INTERNAL ROTATION	ABDUCTION
Limited to: 90 degrees x 2 weeks (may go higher in the CPM)	Limited to: 0 degrees x 3 weeks	Limited to: *30 degrees @ 90 degrees of hip flexion x 3 weeks *20 degrees in prone x 3 weeks	Limited to: *20 degrees @ 90 degrees of hip flexion x 3 weeks *No limitation in prone	Limited to: 30 degrees x 2 weeks

Weight Bearing Restrictions:

Gait Progression:

20% FOOT FLAT Weight Bearing -for 2-3 weeks (non-Micro-fracture)	Begin to D/C crutches at 3 weeks. Do NOT progress to one crutch Patient may be fully off crutches and brace once gait is PAIN FREE and NON-COMPENSATORY
--	--

PT POINTERS

- Provide patient with education on initial joint protection to avoid joint and surrounding soft tissue irritation
- Begin initial passive range of motion within post operative restrictions
- Initiate muscle activation and isometrics to prevent atrophy
- Progress range of motion promoting active range of motion and stretching
- Emphasize proximal control of hip and pelvis with initial strengthening
- Initiate return to weight bearing and crutch weaning
- Normalize gait pattern and gradually increase weight bearing times for function

PRECAUTIONS:

- NO Active lifting of the surgical leg (use a family member/care taker for assistance/ utilization of the non-operative leg) for 3 weeks
- DO NOT push through pain
- Pivoting or rotating hip during ambulation / NO open chain or isolated hip muscle activation, unless isometric.

TREATMENTS

Date of surgery:	Week	1	2	3	4	5	6
Stationary bike (20 min, Increase time at week 3 as patient tolerates)	Daily	X	X	X	X	X	X
Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament)	Daily (20-30 minutes each session)	X	X	X	X	X	X
Isometrics -quad, glutes, TA	daily	X	X				
Diaphragmatic breathing	daily	X	X				
Quadruped -rocking, pelvic tilts, arm lifts	daily	X	X	X			
Anterior capsule stretches: prone hip ER	daily			X	X	X	X
Clams/reverse clams	daily	X	X	X			
TA activation with bent knee fall outs	daily	X	X	X			
Bridging progression	5x/week		X	X	X	X	X
Prone hip ER/IR, hamstring curls	5x/week		X	X	X	X	X

**Phase 2 - Rehabilitation Goal: Non-compensatory gait and progression
(Approximately Weeks 4-10)**

PT POINTERS

- Return the patient to community ambulation and stair climbing without pain using normal reciprocal gait pattern
- Continue to utilize manual techniques to promote normal muscle firing patterns and prevent soft tissue irritation
- Progress strengthening exercises from double to single leg
- Promote advanced strengthening and neuromuscular re-education focusing on distal control for complex movement patterns
- Progress the patient to phase 3 rehabilitation with appropriate control and strength for sport specific activities

TREATMENTS

Date of Surgery:	Week	3	4	5	6	7	8	9	10
Progress off crutches starting week 3		X							
Continuation of soft tissue mobilization to treat specific restrictions	2x/week	X	X	X	X	X	X	X	X
Joint Mobilizations posterior/inferior glides	2x/week			X	X	X	X	X	X
Joint Mobilizations anterior glides	2x/week					X	X	X	X
Prone hip extension	5x/week	X	X	X					
Tall kneeling and ½ kneeling w/ core and shoulder girdle strengthening	5x/week	X	X	X	X				
Standing weight shifts: side/side and anterior/posterior	5x/week	X	X						
Backward and lateral walking no resistance	5x/week	X	X						
Standing double leg ¼ knee bends	5x/week		X	X	X				

Advance double leg squat	5x/week				X	X	X	X	X
Forward step ups	5x/week				X	X	X	X	X
Modified planks and modified side planks	5x/week				X	X	X	X	X
Elliptical (begin 3 min, ↑ as tolerated)	3x/week				X	X	X	X	X

Phase 3 - Rehabilitation Goal: Return to pre-injury level (weeks 10-18)

PT Pointers:

- Focus on more FUNCTIONAL exercises in all planes
- Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- More individualized, if the patients demand is higher than the rehab will be longer

TREATMENTS

Date of surgery	Week	8	9	10	11	12	16
Continue soft tissue and joint mobilizations PRN	2x/week	X	X	X	X	X	
Lunges forward, lateral, split squats	3x/week	X	X	X	X	X	X
Side steps and retro walks w/ resistance (begin w/ resistance more proximal)	3x/week	X	X	X	X	X	X
Single leg balance activities: balance, squat, trunk rotation	3x/week	X	X	X	X	X	X
Planks and side planks (advance as tolerated)	3x/week	X	X	X	X	X	X
Single leg bridges (advance hold duration)	3x/week	X	X	X	X	X	X
Slide board exercises	3x/week			X	X	X	X

Agility drills (if pain free)	3x/week						X
Hip rotational activities (if pain free)	3x/week			X	X	X	X

Phase 4 - Rehabilitation Goal: Return to Sport (weeks 16-32)

PT Pointers:

- It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery
- Perform a running analysis prior to running/cutting/agility
- Assess functional strength and obtain proximal control prior to advancement of phase 4

TREATMENTS

Date of surgery	Week	16	20	24	28	32
Running		In Alter G	X	X	X	X
Agility		X	X	X	X	X
Cutting			X	X	X	X
Plyometrics				X	X	X
Return to sport specifics				X	X	X