

**REHABILITATION PROTOCOL**

## Hip Arthroscopy - Labral Repair / Debridement with Femoroplasty

### Precautions:

- NO active lifting of the surgical leg (use a family member, care taker or utilize non operative leg) for transfers or straight leg raises for 2 weeks.
- NO sitting greater than 30min at one time for 2 weeks.
- DO NOT push through pain.
- PROGRESS patient through the phases as tolerated.

### ROM Restrictions:

-Perform PROM in patient's PAIN FREE Range

FLEXION	EXTENSION	EXTERNAL ROTATION	INTERNAL ROTATION	ABDUCTION
Limited to: 90° x 2 weeks	Limited to: 0° x 3 weeks	Limited to: *30° at 90° of hip flexion x 3 weeks **20° in prone x 3 weeks	Limited to: *20° at 90° of hip flexion x 3 weeks ** No limitation in prone	Limited to: 30 degrees x 2 weeks

Weight Bearing restrictions	Gait Progression	Brace Guidelines
20 lbs FOOT FLAT Weight Bearing -2 weeks WBAT	-Begin to D/C crutches at 2 weeks  -Patient may be fully off crutches and brace once gait in PAIN FREE and NON-COMPENSATORY	-Locked in extension 0° and flexion 60° x 2 wks -Wear when sleeping x 2 wks -Begin D/C at 4 wks

INSTRUCTION	FREQUENCY	COMPLETED
Instructed in gait/stairs with Weight bearing restrictions		
Upright bike no resistance	20 min a day	
Brace teaching on/off and use		
PROM (instructed care giver)	20 min twice daily	
Prone lying	2-3 hours daily	
Isometrics (quad sets, glut sets, TA activation)	5 sec holds x 20 times twice daily	
If CPM is Utilized	3 hrs/day	

## INITIAL PHYSICAL THERAPY VISIT CHECK LIST:

### PHASE 1

Goals:

1. Joint protection and irritation avoidance
2. Symmetric ROM by 6-8 weeks
3. NO active open chain AROM hip flexion
4. Emphasize proximal control
5. Manual therapy utilization 20-30minutes per PT session

Interventions	Frequency	Week: 1	2	3	4	5	6
Stationary bike x20min (time increase at 3 weeks pt. tolerance)	Daily	X	X	X	X	X	X
STM (focus on Adductors, TFL, Iliopsoas, QL, and inguinal ligament)	Daily (20-30min)	X	X	X	X	X	X
Isometrics -quad sets, glut sets, TA activation (supine/prone)	Daily	X	X				
Diaphragmatic breathing	Daily	X	X				
Quadruped -rocking, pelvic tilts, arm lifts	Daily	X	X	X			
Clams/reverse clams	Daily	X	X	X			
TA activation with bent knee fall outs	Daily	X	X	X			
PROM and PROM circumduction	Daily	X	X	X	X	X	X
Prone press ups	Daily	X	X	X	X	X	X
<b>WEEN FROM CRUTCHES</b>			X	X	X	X	X
Bridging progression	5x a week		X	X	X	X	X
Prone hip ER/IR, hamstring curls	5x a week		X	X	X	X	X
Anterior capsule stretches: surgical leg off table, fig 4	Daily			X	X	X	X
Side lying hip abduction	Daily				X	X	X

### PHASE 2

Goals:

1. Normalized Gait
2. Progress ambulation outside of brace/crutches to avoid compensation (use verbal and tactile cues)
3. Advance interventions ONLY when the patient shows no compensations
4. If micro fracture was performed hold on weight bearing interventions until s/p 6 wks.

Interventions	Frequency	Week: 3	4	5	6	7	8	9	10
STM (focus on restricted areas of mobility)	2x a week	X	X	X	X	X	X	X	X
Joint mobilization: caudal glides	2 x a week	X	X	X	X	X	X	X	X
Prone hip extension	5 x a week	X	X	X					
Tall kneeling and ½ kneeling with core and shoulder strengthening	5 x a week	X	X	X	X				
Standing weight shifts: all planes	5 x a week	X	X						
Retro and lateral ambulation (no resistance)	5 x a week	X	X						

Supine Faber's slides	5 x weeks	X	X	X					
Single leg balance/balance progression	5 x week	X	X	X	X	X	X	X	X
Joint mobilization: inferior and posterior	2x week		X	X	X	X	X	X	X
Standing double leg 1/3 knee bends	5 x week		X	X	X				
Joint mobilization: anterior	2 x week				X	X	X	X	X
Advanced double leg squats	5x week				X	X	X	X	X
Forward step ups	5x weeks				X	X	X	X	X
Modified plank and modified side plank	5 x week				X	X	X	X	X
Elliptical (being with 3 min, increased as tolerated)					X	X	X	X	x

### PHASE 3

Goals:

1. Return to pre-injury level/return to sport
2. Continue STM and joint mobilization PRN
3. Focus on multiplane functional interventions
4. Running analysis prior to running/cutting/agility

Interventions	Frequency	Week 8	9	10	11	12	14	16	18	20
Lunges: forward lateral and split squats	2x week	X	X	X	X	X	X	X	X	X
Side stepping, retro walks with resistance	3 x week	X	X	X	X	X	X	X	X	X
Progressed SL balance: squats, rotations, labile surfaces	3x week	X	X	X	X	X	X	X	X	X
Planks and side planks (advance as tolerated)	3 x week	X	X	X	X	X	X	X	X	X
Single leg bridges (progress hold time)	3 x week	X	X	X	X	X	X	X	X	X
Slide board exercises	3x week			X	X	X	X	X	X	X
Hip rotational activity (if pain free)	3 x weeks			x	X	X	X	X	X	X
Running	3x week					X	X	X	X	X
Agility	3x week					X	X	X	X	X
Cutting	3 x week						X	X	X	X
Plyometrics	3 x week						X	X	X	X
Return to sport specific tasks	3x week							X	X	X

Adapted From:

- 1.) Hip Arthroscopy Rehabilitation Protocol, developed by Marc J. Philippon, M.D. at The Steadman Clinic in Vail Colorado
- 2.) Hip Arthroscopy Rehabilitation Protocol, developed by Shane Nho, M.D., M.S, at RUSH University Medical Center in Chicago, IL