

Hip Arthroscopic Labral Repair Post-Op Protocol

Precautions

- Labral tissue is slow to heal and requires protection
- If pain or swelling increases at any stage, decrease activity until resolved
- No squatting past 90 degrees x 3 months
- Use ice, anti-inflammatories as needed
- Take one daily Aspirin 325 mg for 6 weeks post op to prevent blood clots

Phase I: 0-3 weeks after surgery

Weight bearing status

- 0 to 3 weeks: Non weight bearing on the operative leg (for labral repair)
- 0 to 6 weeks: Non weight bearing (if micro-fracture)

Exercises

- Passive hip ROM exercises (limit hip flexion to less than 90 degrees)
 - o Extension Stomach lying on elbows for gentle anterior hip stretch
 - o Flexion 0 to 90 degrees only; don't push through pain
 - Wall slides Lie on your back with the involved foot on the wall and allow the foot to slide down the wall by bending the knee
 - Supine Heel slides Use your good leg or strap to pull the involved heel toward the buttocks, flexing the knee while keeping the heel on the bed. Hold for 10 seconds
 - Rotation gentle internal rotation exercises; avoid external rotation to protect repair
- Quadriceps/hamstring/adductor/glute isometrics (tighten the muscles)
- Avoid Straight leg raises (creates excessive forces across the anterior hip capsule)
- Upper body ergometer for conditioning
- No stationary biking
- Ankle pumps

Phase II: Weeks 4-6

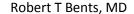
Weight bearing status

- Partial weight-bearing with crutches (50% of body weight on operative leg)
- Continue NWB if micro-fracture

Exercises

- Continue above exercises
- Sidelying piriformis stretch
- Quadriped rocking; progress into closed chain cat/camel

Paragon Orthopedic Center 702 SW Ramsey, Suite #112 Grants Pass, OR 97527 541-472-0603 Fax 541-472-0609





- Active standing hip abduction
- Stationary bicycling begin with no resistance with high seat; gradually increase resistance as tolerated
- Aquatic therapy may begin weight shifts, steps in pool when incisions healed

Phase III: Weeks 7-12

Weight bearing status

- Begin full weight bearing as tolerated
 - very important to protect against deep squatting and twisting/pivoting

Exercises

- Work towards full hip and knee ROM
- Thompson hip flexor stretch, FABER stretch, Hamstring stretch
- Stationary bicycling May add resistance with high seat; gradually increase resistance and speed
- Treadmill walking / elliptical trainer (slow speed, no incline) begin with 5-10 minute duration
- Clam shells
- Double and single leg bridges from floor
- Mini-squats on floor and BOSU
- Physioball core strengthening (hip lift, hamstring curls, bridges)
- Balance/proprioceptive exercises
- Elastic resistance cord exercises/Theraband walking
- Pool running or Alter-G if available after 10 weeks
- Swimming; may begin flutter kicks

Phase IV: Weeks 12-16

Exercises

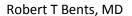
- Continue previous exercises with progressive resistance
- Pool running
- Add resistance to elliptical trainer
- Theraband walking forward and backward, side steps
- Advance squat depths
 - Add lunges and side step ups

Phase IV: Weeks 16 - 24

Exercises

- Continue previous exercises with progressive resistance
- Begin light jogging program if pain free/no swelling begin on treadmill or soft track; start with 1 minute jogging/ 4 minute walking intervals; increase running by 1 minute/week
- Continue to increase lower extremity strength and endurance; work on balance and core exercises
- May golf at this point if pain free
- Add plyometric, agility and sport specific training as appropriate

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· Progress agility and plyometric training

Phase V: Weeks 24+

Exercises

- Slow return to sports that involve contact, cutting, pivoting or jumping
 - Athletes must pass single/triple hop test to return to sport; collision sports may take 6 months
- Full activities when pain free running, full ROM, no swelling or tenderness
- Micro-fracture healing may take up to a full year for recovery