

Hip Arthroscopy with Labral Repair Protocol

Phase/ Goals	Immobilization	ROM	Therapeutic Exercises
<p>Phase 1 (0-2 weeks)</p> <p>Goals:</p> <ul style="list-style-type: none"> ● Protect Repair ● Minimize pain and swelling ● Begin PT 3-4 days after surgery ● Work on normalizing gait 	<p>Crutch use</p> <p>20lb. partial weightbearing for 3 weeks</p>	<ul style="list-style-type: none"> ● Limit hip flexion to 90 degrees ● Avoid excessive internal and external rotation ● Seated knee extension ● Prone knee flexion <p>Modalities:</p> <ul style="list-style-type: none"> ● Compression ● Edema control ● Avoid sleeping directly on hip ● Sleep with pillow between legs ● Ice multiple times per day 	<ul style="list-style-type: none"> ● Quad, glute, hamstring sets, adductor and abductor isometrics ● Hip joint mobilization ● Heel slides ● Pelvic tilts ● Double legged supine bridge ● high seat low resistance bike
<p>Phase 2 (2-6 weeks)</p> <p>Goals:</p> <ul style="list-style-type: none"> ● Protect repair ● Increase ROM ● Transition off crutches starting week 4 ● Normalize gait ● Progressive increase of muscle strength 	<ul style="list-style-type: none"> ● Wean crutches starting at week 4 ● Start with single crutch on opposite side from operative ● Transition off crutches when comfortable and no limp ● May need crutches with longer distances 	<ul style="list-style-type: none"> ● Progressive hip ROM ● No external rotation > 20 degrees ● No hip flexion >105 degrees <p>Modalities:</p> <ul style="list-style-type: none"> ● Gentle Massage ● Ice multiple times per day 	<ul style="list-style-type: none"> ● Deep tissue mobilization hip, pelvis, and spine ● Progress core strengthening ● Hip flexor activation (but minimal active/resisted hip flexion) ● Clam shells ● Single-leg bridges ● Leg press with minimal resistance ● ¼ mini squats (after full weightbearing) ● Quadruped superman ● Standing 4-way hip with low resistance ● Aqua therapy, if available, once portals heal



<p>Phase 3 (7-12 weeks)</p> <p>Goals:</p> <ul style="list-style-type: none"> ● Protect Repair ● Normalize motion, strength, and gait ● Improve endurance and conditioning ● Improve balance and proprioception 	<p>Completely wean off crutches if not done already</p>	<ul style="list-style-type: none"> ● No more range-of-motion restrictions ● Focus on symmetry compared to unaffected side ● Stationary bike – lower seat to allow increased hip flexion 	<ul style="list-style-type: none"> ● Continue joint mobilization ● Increase resistance with active exercises ● Clamshells with theraband ● Sidelying planks ● Physioball hamstring ● Side-stepping with resistance ● Lunges ● Neuromuscular training to include core stabilization, single leg squats, and side-steps ● Begin elliptical and treadmill with minimal resistance and speed
<p>Phase 4 (13-18 weeks)</p> <p>Goals:</p> <ul style="list-style-type: none"> ● Full active and passive hip ROM ● Normalize function ● Begin sport specific training ● Prepare for return to activity 	<p>Full ambulation without crutchees</p>	<ul style="list-style-type: none"> ● Full active and passive ROM ● Focus on hip strengthening and proprioceptive training 	<ul style="list-style-type: none"> ● Continue as above ● Introduce low-impact plyometrics ● Increase resistance and duration on bike and elliptical ● Swimming as tolerated ● Sport specific agility drills ● Traditional weight-training ● Start running progression

Aaron J. Casp, MD
Sports Medicine, Hip, Knee, and Shoulder Surgery
p: (303) 835-8561
f: (303) 879-4036



--	--	--	--

Requirements for full return to sports and activities:

- Full pain-free range of motion symmetrical to opposite side
- Symmetric hip strength
- Stable pelvis with activities
- Ability to perform sport-specific drill at full speed without pain