
Hip Arthroscopy for Labral Tear Repair Rehabilitation Protocol

General notes:

“As tolerated” should be understood to include with safety for the reconstruction/repair; pain, limp, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these should occur, decrease activity level, ice and elevate the leg.

Ice should be applied to the leg 6-8x/day and when swelling or pain is present.

Return to sport based on provider team (physician, physician assistant, athletic trainer, therapist) input and appropriate testing.

All times and exercises are to serve as guidelines. Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers.

Post-op Phase I: (Weeks 0 - 2)

Brace:

- None

Crutches/Function:

- Ambulation: weight-bearing as tolerated with crutches

ROM:

- Extension: 10°
- Flexion: 100°
- Abduction: 30°
- Adduction: 30°
- Internal Rotation in flexion: 20°
- External Rotation in flexion: 70°

Therapeutic Exercises:

- quad sets, open kinetic chain (OKC) knee extension and knee flexion in pain free ROM and as tolerated at PF joint
- Ankle and foot stretching and strengthening

Manual:

- Scar and soft tissue massage

Proprioception:

- BAPS board, weight shifting

Cardio:

- UBE (arm bike), stationary bike less than 10 minutes

Modalities:

- NMES (neuromuscular electrical stimulation) for quadriceps atrophy, strengthening as needed
- HVPC (high volt pulsed current) for effusion (swelling) reduction as needed
- Cryotherapy 6-8 times per day for 15 to 20 minutes each

Progression to Phase II:

- Ambulation without limp
- Ability to perform strong quad set
- Achievement of ROM goals above
- Minimal effusion

Post-op Phase II: (Weeks 2 - 4)**Rom:**

- Extension: 20°
- Flexion: 120°
- Abduction: 45°
- Adduction: 45°
- Internal Rotation in flexion: 30°
- External Rotation in flexion: 90°

Therapeutic Exercises:

- Straight leg raises in four directions
- OKC knee extension and flexion as tolerated

Manual:

- Scar and soft tissue massage

Proprioception:

- BAPS board, weight shifting

Cardio:

- UBE, stationary bike less than 15 minutes

Modalities:

- HVPC for effusion reduction as needed
- Cryotherapy 6-8 times per day for 15 to 20 minutes each

Progression to Phase III:

- Full and pain-free ROM
- No effusion
- No pain

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- Manual muscle testing of hip musculature at least 4/5

Post-op Phase III: (Week 4- Week 8)

Therapeutic Exercises:

- Initiate closed kinetic chain (CKC) strengthening: mini squats, step ups, step downs, etc.
- Hip and core strengthening

Proprioception:

- SLS, BAPS
- Progress to unstable surfaces and with perturbations
- Joint repositioning

Cardio:

- UBE, stationary bike, elliptical, treadmill ambulation

Modalities:

- Cryotherapy after activity for 15 to 20 minutes

Progression to Phase IV:

- Full ROM
- No effusion
- No pain
- Manual muscle testing of hip musculature at least 5/5

Post-op Phase IV: (Week 8 - Month 4)

Therapeutic Exercises:

- Progress exercises as tolerated in all planes
- Hip and core strengthening

Proprioception:

- Progress single leg stance on unstable surfaces with perturbations

Plyometrics:

- Double-leg plyometrics progressing to single leg as tolerated

Cardio:

- Stationary bike, elliptical, stair climber
- Initiate treadmill jogging

Post-op Phase V: (Month 4 - return to sport and function)

Recommend pursuing Transitional Therapy for return to sport activities during this phase

- **Transitional Therapy - a strength and conditioning program that is lead by medical professionals with a sports medicine background with the goal of transitioning**

from therapy back to sport

· Contact Elite Sports Medicine for details

In addition to ongoing strength, balance, agility, and cardio conditioning, initiate sport-specific plyometric activities as tolerated such as:

Soccer/Football: 2 foot ankle hop, double-leg hop, front barrier hop, lateral barrier hop, singleleg hop, power skip, backward skip, double-arm alternate-leg bound, and cycled split squat jump

Basketball/Volleyball: 2 foot ankle hop, double-leg hop, squat jump, double-leg vertical jump, single-leg hop, single-leg vertical jump, power skip, backward skip, double-arm alternate-leg bound, alternate-leg push off box drill, and side-to-side push-off box drill

Baseball/Softball/Overhead throwing sports: 2 foot ankle hop, double-leg hop, front barrier hop, lateral barrier hop, single-leg hop, power skip, backward skip, double-arm alternate-leg bound, cycled split squat jump, and return to throwing program