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ORTHOPAEDIC SURGERY  
FRACTURES  
JOINT REPLACEMENT  
SPORTS MEDICINE

## HIP LABRAL REPAIR PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be released from the hospital the same day as surgery.
- Patient will be TTWB-PWB <70 pounds (determined by MD) for the first 4 weeks post-operatively and will need to use crutches or another assistive device. After 4 weeks, weight bearing will progress gradually according to patient tolerance. Utilize crutches through at least the 5<sup>th</sup> week postop for most repairs, but restrict weight bearing longer if patient had a CAM lesion debridement.
- Patient should avoid deep hip flexion past 90 degrees or excessive external rotation of the hip for 6 weeks post-op in order to avoid stress to the repair site.
- Surgical dressing should be removed 2 days post-operatively.
- Patient may shower at 2 days post-op, but soaking in a tub should be avoided until scope wounds are healed and swelling is controlled, as determined by the physician.
- Begin outpatient physical therapy 2-3 days post-op.
- The rehab program will proceed cautiously for the first 2-3 months, after which functional progression will be determined by patient's tolerance to the exercises and general activity.
- Patients may feel like they are doing better than they really are at approximately one month post-op, so they should still be reminded to be cautious in order to avoid increased hip symptoms, especially once they have weaned from the crutches. Controlled activity level will lessen the risk of a setback. **Time and patience are of the utmost importance in the recovery process.**
- ***“This is a marathon, not a sprint!”*** – Dr Matthew Price

## HIP LABRAL REPAIR PROTOCOL

### PHASE 1: INITIAL PHASE

#### Week 1

- Bilateral Ankle pumps
- Bilateral Quad sets
- Bilateral Glute sets
- Heel slides
- Pelvic tilts in hook lying
- Hip IR/Adductor isometrics in hook lying
- Double leg bridges
- Prone knee flexion on involved side → prone on elbows with knee flexion on involved side
- Seated knee extensions (LAQ)
- Hip mobilization (grade I) – PRN for pain relief

#### Week 2

Continue with previous exercises modified and may add:

- Supine abdominal crunch, avoid activation of the hip flexors
- Standing HS curl with hip at neutral.
- Supine hamstring stretches with a belt (avoid more than 90 degrees of hip flexion)
- Supine Iliopsoas/Rectus Femoris stretch with involved leg off of table (as tolerated in a pain free range)
- Combine double leg bridges with IR ball squeeze
- Standing active hip ROM into flexion, abduction, and extension in a very limited range (must be pain free) – recommend standing on a step with uninvolved leg.

#### Week 3

Continue with previous exercises, but may add:

- Superman in prone on a pillow
- Stationary bike without significant resistance
- Active hip range of motion with gradual end range stretch within tolerance (must be pain free)
- Weighted knee extensions (LAQ)

**Patient may progress to Phase 2 when they have achieved the following: minimal pain with phase 1 exercises, 90 degrees of pain free flexion, minimal range of motion limitations with internal rotation/extension/abduction**

## **PHASE 2: INTERMEDIATE PHASE**

### Weeks 4-5

Continue with previous or modified versions of previous exercises, but may add:

- Crunches with resistance (avoid IPS activation)
- Gradually increase resistance with stationary bike
- Hip AROM with light resistance in pain free range
- Quadruped Bird dogs
- Prone Aquaman on a pillow
- Aquatic therapy exercises- flutter kick on kick board, pain free lap swimming (avoid frog kicks), 4 way hip with water weights, step ups

### Week 6

Continue with previous or modified versions of previous exercises, but may add:

- Weight shifts – standing, supported, anterior/posterior, laterals, SLB
- Mini Squats
- Seated physioball progression of hip flexion (marches) in a pain free range
- Double leg bridges with IR/adduction ball squeezes and alternating knee extensions.
- Calf Raises
- Standing calf stretches

**Patient may progress to Phase 3 when they have achieved the following: 105 degrees of flexion, 20 degrees of ER, hip flexion strength >60% uninvolved side, adduction/IR/extension/ER strength 70% uninvolved side**

## **PHASE 3: ADVANCED PHASE**

### Week 7

Continue with previous or modified versions of previous exercises, but may add:

- Clamshells (avoid end range of ER)
- Leg Press
- Single leg balance/proprioceptive retraining
- Hip AROM with increased resistance in pain free range
- Physioball exercises – knee extensions, marches, balance with arms to shoulder level, etc
- Sidestepping with resistance-Start with the band at knee height and progress to ankle height.
- Mini-Squats on Thera-pad/Wall-Squats

### Week 8

Continue with previous or modified versions of previous exercises, but may add:

- Step-Ups→Stairmaster
- Lunges – progress from single plane→tri planar→add medicine balls for resistance and rotation

- Theraband walking patterns (~25 yds) – forward, sidestepping, backward, carioca, monster steps, half circles. Start with the band at knee height and progress to ankle height.
- Side stepping over cones
- Single leg body weight squats/Lateral Step-ups
- Bridges on physioball

**Patient may progress to Phase 4 when they have achieved the following: hip flexion strength >70% uninvolved side, adduction/extension/IR/ER strength > 80% uninvolved side, pain-free, normal gait pattern.**

## **PHASE 4: SPORTS SPECIFIC REHAB CLINIC BASED PROGRESSION**

Weeks 9-11

Continue with previous or modified versions of previous exercises, but may add:

- Pool running
- Elliptical
- Step drills, quick feet step ups, forward, lateral, carioca
- Plyometrics – double leg and single leg shuttle jumps
- Theraband walking patterns 1 rep of six exercises at 50 yards
- Sport specific training

Weeks 12+

Continue with previous or modified versions of previous exercises, but may add:

- Running progression
- Sport specific drills
- Traditional weight training

**Criteria for full return to sport:**

- **Full range of motion**
- **Hip strength equal to uninvolved side; single leg pick-up with level pelvis**
- **Ability to perform sport-specific drills at full speed without pain**
- **Completion of functional sports test**