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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 PWB 60-70 pounds for the first 4 weeks post-operatively and will need to use crutches or another assistive device. After 4 weeks, weight bearing will progress to normal as tolerated. Utilize crutches through at least the 5th week postop for most repairs, but patient may need to restrict weight bearing longer if patient had a significant CAM lesion debridement.
- Patient should limit hip flexion to about 90 degrees in order to avoid stress to the repair site.
- Patient should also avoid excessive external rotation of the hip for 6 weeks post-operatively in order to avoid stressing the repair site (ie crossing legs, sitting “criss cross”, etc...)
- 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 1-2 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 symptoms of overdoing their activity. Controlled activity level will lessen the risk of a setback. **Time and patience are of the utmost importance in the recovery process.**

HIP LABRAL REPAIR PROTOCOL

PHASE 1: INITIAL PHASE

Week 1

- Ankle pumps
- Glut sets
- Quad sets
- Hamstring sets
- Adductor isometrics
- Heel slides
- Pelvic tilts
- Double leg bridges
- Seated knee extensions
- Prone on elbows → Press-ups for Iliopsoas and Abdominal stretch (avoid low back pain)
- Prone knee flexion → prone on elbows with knee flexion
- Standing 3 or 4 way (depending on comfort level) hip exercises without resistance
- Hip mobilization (grade I) – PRN for pain relief

Week 2

Continue with previous exercises, but may add:

- Supine marching with PPT (90 degrees)
- Modified dead bug with PPT (90 degrees)
- Superman in prone on a pillow
- Supine hamstring stretches with a belt
- Supine Iliopsoas/Rectus Femoris stretch with involved leg off of table as tolerated
- Stationary bike without resistance
- Standing 4 way hip exercises with Theraband resistance – start very low resistance

Week 3

Continue with previous exercises, but may add:

- Leg raises – extension, abduction, adduction
- Seated physioball progression of hip flexion
- Active range of motion with gradual end range stretch within tolerance

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
- Gradually increase resistance with stationary bike
- Front and side standing weight shifts
- Aquatic exercises- flutter kick, swimming, 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, sitting, supported, anterior/posterior, laterals, physioball
- Leg Press
- Mini Squats as weight bearing allows
- Superman in quadruped
- Single leg bridges

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
- Calf Raises
- Single leg balance/proprioceptive retraining
- Physioball exercises – hip lift, bent knee hip lift, hamstring curls, balance
- Sidestepping with resistance-Start with the band at knee height and progress to ankle height.
- Mini-Squats on Thera-pad/Wall-Squats
- Sport KAT balance machine

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**