



HIP ARTHROSCOPY REHABILITATION PROTOCOL FOR LABRAL REPAIR WITH OR WITHOUT FAI COMPONENT

#### **ROM Restrictions:**

## -Perform PROM in patient's PAIN FREE Range

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FLEXION	EXTENSION	EXTERNAL	INTERNAL	ABDUCTION
		ROTATION	ROTATION	
Limited to:	Limited to:	Limited to:	Limited to:	Limited to:
90 degrees x 2	0 degrees x 3	*30 degrees @	*20 degrees @	30 degrees x 2
weeks (may go	weeks	90 degrees of	90 degrees of	weeks
higher in the		hip flexion x 3	hip flexion x 3	
CPM)		weeks	weeks	
		*20 degrees in	*No limitation	
		prone x 3 weeks	in prone	

Weight Bearing Restrictions: Gait Progression:

20# FOOT FLAT Weight Bearing	Begin to D/C crutches at 3 weeks (6 wks
-for 3 weeks (non-Micro-fracture)	if MicroFracture is performed).
-for 6 weeks (with Microfracture)	Patient may be fully off crutches and
	brace once gait is PAIN FREE and NON-
	COMPENSATORY

### **PATIENT PRECAUTIONS:**

- -NO Active lifting of the surgical leg (use a family member/care taker for assistance/utilization of the non-operative leg) for approximately 4 weeks
- -NO sitting greater than 30 minutes at a time for the first 3 weeks
- -DO NOT push through pain

# POST-OP DAY 1/INITIAL PHYSICAL THERAPY VISIT:

#### ☑ Check List:

Activity/Instruction	Frequency	Completed ?
Instructed in ambulation and		
stairs with crutches and 20#		
FFWB		
Upright Stationary bike no	20 minutes daily	
resistance		
CPM usage	4 hours/day	
	(decrease to 3 hours	
	if stationary bike	
	used for 20')	
Instruction on brace		
application/usage		
PROM (circumduction, abduction,	20 minutes; 2 times	
log rolls) instructed to the	each day	
family/caregiver		
*maintain restrictions for 3 weeks		





Prone lying	2-3 hours/day	
Isometrics (quad sets, glut sets, TA	Hold each 5 seconds,	
activation)	20 times each,	
	2x/day	

#### PHASE 1

Goal: Protect the Joint and Avoid Irritation

### **PT Pointers:**

- -Goal is symmetric ROM by 6-8 weeeks
- -NO Active open chain hip flexor activation
- -Emphasize Proximal Control
- -Manual Therapy to be provided **20-30 minutes/PT** session

Date of surgery:	Week	1	2	3	4	5	6
Stationary bike (20 min, Increase time at week 3 as	Daily	✓	✓	✓	✓	✓	✓
patient tolerates)							
Soft tissue mobilization (specific focus to the	Daily (20-30 minutes	✓	✓	✓	✓	✓	✓
adductors, TFL, Iliopsoas, QL and Inguinal ligament)	each session)						
Isometrics	daily	✓	✓				
-quad, glutes, TA							
Diaphragmatic breathing	daily	✓	✓				
Quadriped	daily	✓	✓	✓			
-rocking, pelvic tilts, arm lifts							
Anterior capsule stretches: surgical leg off table/Figure	daily			✓	✓	✓	<b>✓</b>
4							
Clams/reverse clams	daily	✓	✓	✓			
TA activation with bent knee fall outs	daily	✓	✓	✓			
Bridging progression	5x/week		✓	✓	✓	✓	<b>✓</b>
Prone hip ER/IR, hamstring curls	5x/week		✓	✓	✓	✓	✓

#### PHASE 2

Goal: Non-Compensatory Gait and Progression

### **PT Pointers:**

- -Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns
- -Provide tactile and verbal cueing to enable non-compensatory gait patterning
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -If MicroFracture was performed, Hold all weight bearing exercises until week 6

Date of Surgery:	Week	3	4	5	6	7	8	9	10
Progress off crutches starting week 3		✓							
Continuation of soft tissue mobilization	2x/week	✓	✓	✓	✓	✓	✓	✓	✓
to treat specific restrictions									



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Joint Mobilizations posterior/inferior	2x/week			✓	✓	✓	✓	✓	✓
glides									
Joint Mobilizations anterior glides	2x/week					✓	✓	✓	✓
Prone hip extension	5x/week	✓	✓	✓					
Tall kneeling and ½ kneeling w/ core	5x/week	✓	✓	✓	<b>✓</b>				
and shoulder girdle strengthening									
Standing weight shifts: side/side and	5x/week	✓	✓						
anterior/posterior									
Backward and lateral walking no	5x/week	✓	✓						
resistance									
Standing double leg 1/3 knee bends	5x/week		✓	✓	✓				
Advance double leg squat	5x/week				✓	✓	✓	✓	✓
Forward step ups	5x/week				✓	✓	✓	✓	✓
Modified planks and modified side	5x/week				✓	✓	✓	✓	✓
planks									
Elliptical (begin 3 min, ↑ as tolerated)	3x/week				✓	✓	✓	✓	<b>√</b>

## Phase 3

Goal: Return the Patient to Their Pre-Injury Level

# PT Pointers:

- -Focus on more FUNCTIONAL exercises in all planes
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -More individualized, if the patients demand is higher than the rehab will be longer

Date of surgery	Week	8	9	10	11	12	16
Continue soft tissue and joint	2x/week	✓	✓	✓	✓	✓	
mobilizations PRN							
Lunges forward, lateral, split squats	3x/week	✓	✓	<b>✓</b>	<b>✓</b>	✓	✓
Side steps and retro walks w/ resistance	3x/week	✓	✓	<b>✓</b>	<b>✓</b>	✓	✓
(begin w/ resistance more proximal)							
Single leg balance activities: balance,	3x/week	✓	✓	✓	✓	✓	✓
squat, trunk rotation							
Planks and side planks (advance as	3x/week	✓	✓	<b>✓</b>	<b>✓</b>	✓	✓
tolerated)							
Single leg bridges (advance hold duration)	3x/week	✓	✓	✓	✓	✓	✓
Slide board exercises	3x/week			✓	<b>✓</b>	✓	✓
Agility drills (if pain free)	3x/week			✓	✓	✓	✓
Hip rotational activities (if pain free)	3x/week			✓	✓	✓	✓





Phase 4

Goal: Return to Sport

**PT Pointers:** 

- -It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery
- -Perform a running analysis prior to running/cutting/agility
- -Assess functional strength and obtain proximal control prior to advancement of phase 4

Date of surgery	Week	16	20	24	28	32
Running		In Alter G	✓	✓	✓	✓
Agility			✓	✓	✓	✓
Cutting				✓	✓	✓
Plyometrics				✓	✓	✓
Return to sport specifics				✓	✓	✓

## **Contact Information:**

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