

Rehabilitation Protocol: Arthroscopic Hip Labral Repair

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-4)

- **Weightbearing:** Partial-weight bearing using two crutches
- **Brace:** Patient in hip brace for 1-4wk to prevent rotation/abduction
- No external rotation/hyperextension/FABER; Flexion as tolerated
- Normalize gait pattern with crutches
- CPM 4 hours/day if cartilage repair - if instructed by surgeon
- Bike for 20 minutes/day (can be 2x/day) – if instructed by surgeon
- Supine hip log rolling for internal rotation
- Progress with ROM
 - Introduce stool rotations (AAROM hip IR)
- Pelvic tilts

Phase II (Weeks 4-8)

- **Weightbearing:** as tolerated -- wean off crutches (2 →1 →0 crutches)
- Progress with hip ROM
 - Bent knee fall outs
 - Stool rotations for ER
- Step downs, hip hiking
- Clam shells – isometric side-lying hip abduction
- Begin proprioception/balance training
 - Balance boards, single leg stance
- Bike
- Bilateral cable column rotations
- Treadmill side stepping from level surface holding on → inclines
- Aqua therapy in low end of water
- External rotation with FABER
- Hip flexor, glute/piriformis, and IT band stretching – manual and self
- Progress strengthening LE
 - Introduce hip flexion isotonics (Beware of hip flexion tendonitis)
 - Multi-hip machine (open/closed chain)
 - Leg press (bilateral → unilateral)
 - Isokinetics: knee flexion/extension
- Progress core strengthening (avoid hip flexor tendonitis)
 - Prone/side planks
- Progress with proprioception/balance
 - Bilateral → unilateral → foam → dynadisc
- Progress cable column rotations – unilateral → foam
- Side stepping with theraband
- Hip hiking on stairmaster

Phase III (Weeks 8-12)

- Progressive hip ROM
- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities

Phase IV (Months 3-6)

- Progressive LE and core strengthening
- Plyometrics
- Treadmill running program when cleared by surgeon
- Sport specific agility drills

Comments:

Frequency: ____ times per week

Duration: _____ weeks

Signature: _____

Date: _____