



Rehabilitation after Surgical Arthroscopy of the Hip with Labral Repair

To the therapist – this document is intended as a guideline only. I trust and value your expertise in appropriately treating our patient. Please feel free to contact me with questions, concerns, suggestions, and other feedback.

General Guidelines for Labral Repair:

- Limited external rotation to 20 degrees (4 weeks) and internal rotation to 20 degrees (4 weeks)
- Limited flexion to 90 degrees (4 weeks)
- No hyperextension (4 weeks)
- Normalize gait pattern with crutches
- **Begin flat foot touchdown weight bearing for 4 weeks (step to gait) then progress to WBAT with crutches for weeks 4-6.**
- Avoidance of pivoting on surgical leg

Precautions following Hip Arthroscopy/FAI: (Refixation of labrum / Osteochondroplasty)

- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on flexion, *careful* of external rotation and aggressive extension

Guidelines:

Weeks 0-2

- NO EXTERNAL ROTATION OR INTERNAL ROTATION > 20 degrees (4 weeks)
- Bike for 20 minutes/day (can be 2x/day)
- Scar massage
- Hip PROM as tolerated with ER limitation
- Supine hip log rolling for internal rotation/external rotation
- Progress with ROM
- Hip isometrics: Abduction, adduction, extension, ER – NO flexion
- Pelvic tilts
- Supine bridges

- NMES to quads
- Quadruped rocking (to 90 degrees) for hip flexion
- Sustained supine stretching for psoas with cryotherapy (1-2 pillows under hips) up to 10 extension is ok as long as pain-free
- Modalities

Weeks 2-4:

- NO EXTERNAL ROTATION OR INTERNAL ROTATION > 20 degrees (4 weeks)
- Continue with previous therapy exercises
- Maintain working on normalizing gait; continue progressive WBAT in straight line with crutches
- Progress with hip ROM:
 - Bent knee fall outs (week 4)
 - Knee on stool/prone rotations for ER
 - Knee on stool stretch for hip flexors and adductors
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening – isotonics all directions except flexion
 - Start isometric sub-max pain-free hip flexion (3-4 weeks)
- Step downs
- Clam shells, isometric side-lying hip abduction
- Hip hiking (week 4)
- Begin 2 leg proprioception/balance training
 - Balance boards, single leg stance
- Bike / Elliptical – progress time resistance
- Scar massage
- Aqua therapy in low end of water if available

Weeks 4-8

- Pool therapy if incisions well-healed (to start in shallow progressing to deeper water)
- Gait training, progressive WBAT with crutches; cueing to avoid pivoting on surgical hip
- Elliptical
- Sitting bilateral cable column rotations (week 5)
- Glut/piriformis stretch (to start at 6 weeks)
- Continue with previous therapy exercises
- Progress with ROM
 - Standing BAPS rotations
 - Prone hip rotation ER/IR
 - External rotation with FABER
 - Hip joint mobs with mobilization belt into limited joint range of motion ONLY IF NECESSARY
 - Lateral and inferior with rotation
 - Prone posterior-anterior glides with rotation
 - Hip flexor, gluteal/piriformis, and It-band Stretching – manual and self
- Progress strengthening LE
 - Introduce hip flexion isotonics (Be aware 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
- Treadmill side stepping from level surface holding on; inclines (week 4) when good gluteus medius lateral

Weeks 8-12

- Progressive hip ROM
- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities (single leg)
- Light plyometrics (2 leg)
- Active release therapy

Weeks 12-16

- Progressive LE and core strengthening (single leg)
- Plyometrics (single leg)
- Treadmill running program
- Sport specific agility drills

Criteria for Discharge

- Hip Outcome Score
- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninvolved
- Single leg triple hop for distance:
 - Goal score of 85% on uninvolved
- FMS and Y balance testing