



PHYSICAL THERAPY PROTOCOL

Hip Arthroscopy / Osteoplasty Rehabilitation Protocol, Labral Repair

Patient: _____

MR#: _____
DOB: _____

Date of Surgery: _____

GENERAL INSTRUCTIONS

Exercise Precautions / Weight-Bearing

- Active hip flexion to 90 degrees within patient comfort level
- Passive hip flexion to 60 degrees within patient comfort level
- Toe Touch Weight Bearing x 3-4 weeks, then progress to full weight bearing
- No Internal rotation / External rotation for 4 weeks

PHASE 1 (0-4 weeks)

- Continuous Passive Motion Machine (CPM) to 60 degrees of hip flexion for at least 4-6 hours/day for 2-4 weeks
- Ice 2-3 times per day x 20-30 minutes

Exercises

- Quad sets/glut sets/ankle pumps
- Heel slides to 90 degrees (Active and passive ROM within comfort and may use assistance of towel or belt around thigh)
- Active / Active assisted ROM in all planes within patient comfort level and within exercise precautions
- Side bridge with adductor facilitation – knees bent
- Standing hip abduction
- Upright stationary bike – minimal resistance, may start day after surgery
- Stretch hamstrings, if needed (Stretch with hip in flexion – 90/90 position)

Ambulation

- Cue to lift heel quickly after mid-stance. Avoid twisting or rotation of acetabulum on the femur under loaded conditions.

Activities of Daily Living

- Sit to Stand – scoot forward, keep knees over feet, may straddle feet (foot back on uninvolved side)

In and Out of Car

- Patient's backside faces seat, sit and move hips and trunk together. May assist with hands to lift involved hip.

Sleeping

- Supine – pillows under knee
- Side lying – pillow between knees
- Prone – pillows under hip

Mobilization

- A/P glide and long axis distraction

PHASE 2 (4-8 weeks)

Exercise Precautions / Weight Bearing

- Progression to full weight bearing per M.D.
- Hip ROM within patient comfort level, Do NOT push hip ROM

Exercises

- Aquatic exercise – cleared suture sites prior to aquatic training and at least 50% weight bearing. Box walking / flutter kick with kick board
- Weight shift progressing to side stepping in standing to right and left with progression to use of theraband for resistance above knee.
- Aerobic activity – upright bicycle, pool, elliptical
- Quadruped: rocking backward within patient comfort level
- Closed chain strengthening in accordance with weight bearing status including step-ups / wall slide
- Bent knee fall out
- Planks/Core strengthening
- Lower extremity flexibility program within patient comfort level

PHASE 3 (8-12 weeks)

Exercises

- Hip Rotation – resisted LR with hip extended (standing – theraband around foot) and hip flexed (sitting theraband around ankle)
- Proprioceptive training
- Advance bridging program
- Cable Column hip strengthening

Phase 4 (>12 weeks)

Exercises

- Lunge Matrix / Tri-planar movements, NOT Too Deep (see attached)
- Functionality agility drills
- Sport specific drills / plyometric progression
- Dynamic balance drills

RETURN TO MOST SPORTS / RUNNING (>12 weeks)

- Full pain-free ROM
- Completion of a sports specific loading and functional training program
- Cardio respiratory fitness at pre-injury level
- Strength testing > 90% of uninvolved side