



Orthopaedic Surgery and Sports Medicine

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ARTHROSCOPIC HIP LABRAL REPAIR WITH FEMORAL OSTEOPLASTY REHAB GUIDELINES

These guidelines should be tailored to individual patients based on their rehab goals, age, precautions, quality of repair, etc. Progression should be based on patient progress and approval by the referring physician.

PHASE 1 (Weeks 1-4)

GENERAL GUIDELINES AND PRECAUTIONS

- Avoid stressing the capsular repair with passive extension and ER in prone
- No active or weighted anterior straight leg raise
- ROM: Flexion 90°, Extension 0°, Abduction 30°, IR at 90° of Hip Flexion 0°, IR in prone to comfort, ER at 90° Hip Flexion 20°, ER in prone position 0° (ER at 45° Hip Flexion 0-15° as tolerated by pain)
- **Weight Bearing: 50% FOOT FLAT weight bearing weeks 1-4 (No toe touch weight bearing to avoid hip flexor irritation), WBAT >4 Weeks**
- CPM: Begin with machine motion set between 30 to 70 degrees and slowly increase to 0-120 degrees, progressively increasing 6-8 degrees/day, Use 4 hours per day
- Brace to be locked in extension for sleep, Blocked at 90° flexion for 4 weeks
- De-rotational boots for 2-4 weeks (consider longer for hyper-mobile patients)
- No driving for 3 weeks. No driving while on narcotic pain medication
- No soaking or bathing for 3 weeks or until incisions have healed. May shower with water-proof covering over sutures (Tegaderm/OpSite).
- Ice and elevation used in combination with medication for control of pain and swelling
- Return to work as determined by MD/PT dependent on work demands

GOALS

- Diminish pain
- Protect the repaired tissues
- Prevent muscle inhibition
- Prevent anterior hip contractures

EXERCISES

- Weeks 1 and 2: Quad Sets, Glute Sets, TA isometrics with Diaphragmatic Breathing, Prone Lying, Prone Knee Flexion (Pillow under waist), Passive Circumduction and Passive Log Roll (caregiver assist), Short Crank Bike (No recumbent), Soft tissue Mobilization, Low Grade Joint Mobilization, PROM within restricted ROM without pain
- Weeks 3 and 4: Quad Rocking, Hooklying Pelvic Clock, Hooklying with Bent Knee Fall Outs, Hooklying Abduction/Adduction isometrics, Supine Heel Slide, Low Grade Joint Mobilization
- After 3 weeks, pain free ROM as tolerated
- Soft tissue mobilization as needed
- Aquatic Therapy to begin at week 3 or when incisions have healed

CRITERIA TO PROGRESS TO PHASE 2

- Prior to the patients' progression to phase II, full, non-painful weight bearing must be achieved

PHASE 2

(Weeks 5-8)

GENERAL GUIDELINES AND PRECAUTIONS

- Avoid aggressive mobilization/stretching of the anterior hip
- Avoid pain with passive and active ROM progression

GOALS

- Continued protection of the repaired tissue
- Restoration of full hip ROM
- Restore Normal gait patterns
- Strengthening of the hip, pelvis, and both lower extremities with emphasis on the gluteus medius

EXERCISES

- Strengthening activities evolve from mat exercises to partial weight bearing to full weight bearing positions. Exercises including bridging, bridging with marching, supine and side lying clams, and half kneeling stability work precede leg press, double- followed by single-leg squats, and step-ups/downs. Patients progress to tri-planar stepping, and balance progression beginning with double- followed by single-leg stance activities
- Continue joint and soft tissue mobilization if/as needed
- May start bike with light resistance at 5 weeks (No pedal straps or clips. No recumbent bikes)
- May begin elliptical at week 8 if pain free, with no resistance

CRITERIA TO PROGRESS TO PHASE 3

- Full and pain-free hip active range of motion (AROM) in all planes
- Pain-free normalized gait
- Hip flexor strength of 4- (of 5) on manual muscle testing
- Hip abduction, adduction, extension, and IR/ER strength of 4 (of 5) on manual muscle testing

PHASE 3 **(Weeks 9-12)**

GENERAL GUIDELINES AND PRECAUTIONS

- Avoid contact activities
- Avoid aggressive hip flexor strengthening
- Aggressive stretching that elicits pain

GOALS

- Restoration of hip flexor muscle strength to 4/5
- Restoration of hip flexor muscle strength of 4+ (of 5) for all other hip motions
- Improving balance, proprioception, and cardiovascular endurance

EXERCISES

- Quadruped Bird Dog, Multiplane Lunges, Lateral Tubing Walks, Retro Tubing Walks, Monster Walks, SL squat on unstable surface, Front/Side Plank Progression, Advanced SL Stability Training
- Soft tissue and end range mobilization if/as needed

PHASE 4 **(>12 Weeks)**

GENERAL GUIDELINES AND PRECAUTIONS

- Begin functional progression
- Restrict hopping and cutting drills until 16 weeks

GOALS

- Pain free unrestricted return to play

EXERCISES

- Begin return to run progression
- Unrestricted weight training program/lifting program
- Agility Training/Ladder Drills
- Plyometric Training, Box Jumps, Bounding

CRITERIA FOR RETURN TO WORK/SPORT

- Full ROM to all planes
- Full strength (5/5) or 90% of contralateral limb measured with handheld dynamometer
- Cardiovascular endurance consistent with sport and/or work demands
- Y-balance test within 4 to 6cm limb-to-limb comparison
- Single hop for distance, triple hop for distance, and triple crossover hop for distance with at least 90% limb symmetry