



# Sports & Orthopaedic Specialists

## DR. RYAN FADER

### HIP ARTHROSCOPY WITH LABRAL REPAIR PROTOCOL

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This protocol provides appropriate guidelines for the rehabilitation of patients following **arthroscopic labral fixation with or without femoroplasty and/or acetabuloplasty**. The program may be modified by the referring provider for an individual patient. If questions arise regarding the application of the protocol or the progress of the patient, please contact Sports & Orthopaedic Specialists:

Main line: (952) 946-9777

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#### PROTOCOL OVERVIEW

**Immediate Rehab (0-2 weeks):** Focus on restoration of motion 0-90 degrees & early muscle activation

**Early Rehab (2-3 weeks):** Focus on progression of motion, early/light strengthening

**Intermediate Rehab (4-5 weeks):** Focus on restoration of gait & advanced motion

**Advanced Rehab (6-12 weeks):** Focus on advanced strengthening

**Sports Specific Rehab (>12 weeks):** Focus on dynamic strengthening, return to sport progressions

#### PRECAUTIONS

Weeks 0-2: Limit external rotation (ER) to 20 degrees

No extension of hip beyond neutral (0 degrees)

Foot flat touch down weight bearing

Weeks 3-4: No extension of hip beyond neutral (0 degrees)

Partial Weight Bearing (PWB) 50%

#### PT FREQUENCY & DURATION

-PT evaluation on postop day 1-4

-PT visits twice per week through early rehab program (weeks 0-6). Then once per week.

#### GENERAL GUIDELINES

-Manage symptoms to avoid postoperative:

Hip flexor tendonitis

Trochanteric bursitis

Synovitis

-The therapeutic exercises listed in this protocol convey the appropriate load for the hip given the time elapsed since surgery in regards to tissue healing. This is not an all-inclusive list of therapeutic exercises.

# LABRAL REPAIR PROTOCOL



**WEEKS 0-2: PT EVALUATION ON POSTOP DAY 1-4.**

**CLINIC VISITS 2X/WEEK. HEP 2X/DAY.**

## -PRECAUTIONS

Limit external rotation (ER) to 20 degrees

No extension of hip beyond neutral (0 degrees)

## -WEIGHT BEARING & GAIT TRAINING

-Foot flat touch down weight bearing x 2 weeks with two crutches (Equivalent to TTWB regarding weight bearing capacity, but foot flat to decrease the hip flexor load required by TTWB)

## -CRYOTHERAPY

-Patient will have Game Ready or other cryotherapy device.

-Use frequently (every 4-6 hours for the first 72 hours) then continue as needed.

## -PROM

-CPM use for two weeks minimum or until patient has achieved 0-90 hip flexion

-Four-six hours per day (split into 1-2 hour segments).

-Start at 30-70 degrees flexion and progress to 0-90 degrees by postop week 2.

-Stop use of CPM when consistently reaching 0-90 degrees.

-May substitute 15 minutes of stationary bike for one hour of CPM

(max hip flexion 90 & no resistance)

-Hip PROM, adhering to precautions. Include manual supine log roll and circumduction to minimize adhesions.

## -THERAPEUTIC EXERCISE

-Hip isometrics: Abduction, adduction, extension, ER

-Quads sets, hamstring sets

-Transverse abdominis sets, pelvic tilts

-Prone lying

## -PATIENT EDUCATION

-Encourage frequent position changes to avoid stiffness. Sitting, reclining, supine, prone.

-Use pillows to support the hip in neutral for positioning at night.

# LABRAL REPAIR PROTOCOL

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**WEEKS 3-4: PT CLINIC VISITS 2X/WEEK. HEP 5-7X/WEEK.**

## -PRECAUTIONS

No extension of hip beyond neutral

## -WEIGHT BEARING & GAIT TRAINING

-Partial weight bearing (PWB) 50% with one crutch x 1 week.

-Progress to WBAT at 4 weeks.

-Step-to pattern to avoid hip extension beyond neutral.

-CRYOTHERAPY: Continue to use Game Ready, other cryotherapy device, or ice daily.

-SCAR MOBILIZATION: At portal sites.

## -PROM

-CPM use. Continue only if not yet to 0-90 hip flexion.

-PROM: Continue. Include ER beyond 20 degrees.

-BIKE: Progress from 15- 30 minutes with no to light resistance.

## -THERAPEUTIC EXERCISE

-Continue exercises from weeks 0-2

-Hip flexor stretch

-Adductor stretch

-Glute/piriformis stretch

-Bent knee fall outs

-Bridge – double limb

-Clam shell

-Side lying hip abduction

## -PROPRIOCEPTION

-Tandem stance

-Weight shifting drills

# LABRAL REPAIR PROTOCOL

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**WEEKS 5: PT CLINIC VISITS 1-2X/WEEK. HEP 5-7X/WEEK.**

**-WEIGHT BEARING & GAIT TRAINING**

- FWB. Focus on restoration of normalized gait pattern.
- Do NOT allow patient to limp. Continue with single crutch longer if limping.
- Retro walking, side stepping

-CRYOTHERAPY: Continue to use ice as needed.

-SCAR MOBILIZATION: Continue at portal sites as needed.

**-PROM:**

- Continue and include ER beyond 20 degrees.
- Assisted stretching of hip flexors, glute/piriformis, ITB.
- Hip joint mobilizations with belt ONLY IF NECESSARY.
  - Lateral and inferior with rotation.
  - PA glides in prone with rotation.

-BIKE: 30 minutes with resistance as tolerated.

-ELLIPTICAL: Progress from 10-30 minutes. Spend equal time forward and backward.

**-THERAPEUTIC EXERCISE**

- Progressions of previous exercises
- Prone hip ER/IR
- FABER stretch
- Open chain SLR series in standing
- Closed chain glutes & quads isotonic (double limb wall squats, leg press, etc)
- Hamstring isotonic
- Core (Avoid hip flexor tendonitis)

**-PROPRIOCEPTION**

- Single leg stance
- Balance board – double leg stance

# LABRAL REPAIR PROTOCOL

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**WEEKS 6-8: PT CLINIC VISITS 1-2X/WEEK. HEP 3-4X/WEEK.**

-CRYOTHERAPY: Continue to use ice as needed.

-SCAR MOBILIZATION: Continue at portal sites as needed.

-PROM:

- Continue in all planes.

- Assisted stretching of hip flexors, glute/piriformis, ITB.

- Hip joint mobilizations with belt ONLY IF NECESSARY.

  - Lateral and inferior with rotation

  - PA glides in prone with rotation

- Teach self-mobilizations as needed.

-ELLIPTICAL: Progress from 30 minutes with resistance as tolerated. Spend equal time forward and backward.

-TREADMILL: Forward and side stepping (holding on). Progress to slight incline when no Trendelenberg.

-THERAPEUTIC EXERCISE

- Ongoing self-stretching

- Progressions of previous exercises

- Open chain SLR series in standing with exercise band

- Closed chain glutes & quads isotonic (progress to single limb as able)

- Core (Avoid hip flexor tendonitis)

-PROPRIOCEPTION

- Single leg stance on unstable surfaces

# LABRAL REPAIR PROTOCOL

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## **WEEKS 9-12: PT CLINIC VISITS 1-2X/WEEK. HEP 3-4X/WEEK.**

-CRYOTHERAPY: Ice as needed

-PROM:

-Assisted stretching of hip flexors, glute/piriformis, ITB

-Hip joint mobilizations with belt ONLY IF NECESSARY

-Lateral and inferior with rotation

-PA glides in prone with rotation

-Active release therapy and/or soft tissue mobilization

-TREADMILL: Forward and side stepping on incline.

-THERAPEUTIC EXERCISE

-Progressive LE and core strengthening

-Endurance activities around the hip

-Dynamic balance activities

-Double limb plyometrics

## **WEEKS 13-16: PT CLINIC VISITS 1-2X/WEEK. HEP 3-4X/WEEK.**

-CRYOTHERAPY: Ice as needed

-PROM: As needed

-THERAPEUTIC EXERCISE

-Progressive LE and core strengthening

-Single limb plyometrics

-Return to run program

-Sport specific agility drills

# LABRAL REPAIR PROTOCOL

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**WEEKS 17+:** Continue to see the patient in clinic every other week until they have met criteria for discharge:

- PAIN FREE WITH ADL's & ONLY LOW LEVEL DISCOMFORT WITH SPORTS ACTIVITIES
- HIP STRENGTH 5/5 IN ALL PLANES
- STEP DOWN TEST x5 from 6-8 inch box with sound biomechanics
- SINGLE LEG CROSS-OVER TRIPLE HOP FOR DISTANCE: Limb symmetry index of >85%

At discharge visit, instruct patient in ongoing HEP to be completed 3-4x/week until one year after surgery or until the patient has regained prior level of function.