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ORTHOPAEDIC SURGERY  
FRACTURES  
JOINT REPLACEMENT  
SPORTS MEDICINE

## HIP LABRAL REPAIR PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be released from the hospital the same day as surgery.
- Patient will be TTWB-PWB <30 pounds (determined by MD) for the first 4 weeks post-operatively and will need to use crutches or another assistive device. After 4 weeks, weight bearing will progress gradually according to patient tolerance. Utilize crutches through at least the 5<sup>th</sup> week postop for most repairs, but restrict weight bearing longer if patient had a CAM lesion debridement.
- Patient should limit hip flexion to about 90 degrees in order to avoid stress to the repair site.
- Patient should also avoid excessive external rotation of the hip for 6 weeks post-operatively in order to avoid stressing the repair site.
- Surgical dressing should be removed 2 days post-operatively.
- Patient may shower at 2 days post-op, but soaking in a tub should be avoided until scope wounds are healed and swelling is controlled, as determined by the physician.
- Begin outpatient physical therapy 2-3 days post-op.
- The rehab program will proceed cautiously for the first 2-3 months, after which functional progression will be determined by patient's tolerance to the exercises and general activity.
- Patients may feel like they are doing better than they really are at approximately one month post-op, so they should still be reminded to be cautious in order to avoid symptoms of overdoing their activity. Controlled activity level will lessen the risk of a setback. **Time and patience are of the utmost importance in the recovery process.**

## HIP LABRAL REPAIR PROTOCOL

### PHASE 1: INITIAL PHASE

#### Week 1

- Ankle pumps
- Glut sets
- Quad sets
- Hamstring sets
- Adductor isometrics
- Heel slides
- Pelvic tilts
- Double leg bridges
- Seated knee extensions
- Prone on elbows → Press-ups for Iliopsoas and Abdominal stretch (avoid low back pain)
- Prone knee flexion → prone on elbows with knee flexion
- Standing 3 or 4 way (depending on comfort level) hip exercises without resistance
- Hip mobilization (grade I) – PRN for pain relief

#### Week 2

Continue with previous exercises, but may add:

- Supine marching with PPT (90 degrees)
- Modified dead bug with PPT (90 degrees)
- Superman in prone on a pillow
- Supine hamstring stretches with a belt
- Supine Iliopsoas/Rectus Femoris stretch with involved leg off of table as tolerated
- Stationary bike without resistance
- Standing 4 way hip exercises with Theraband resistance – start very low resistance

#### Week 3

Continue with previous exercises, but may add:

- Leg raises – extension, abduction, adduction
- Seated physioball progression of hip flexion
- Active range of motion with gradual end range stretch within tolerance

**Patient may progress to Phase 2 when they have achieved the following: minimal pain with phase 1 exercises, 90 degrees of pain free flexion, minimal range of motion limitations with internal rotation/extension/abduction**

## **PHASE 2: INTERMEDIATE PHASE**

### Weeks 4-5

Continue with previous or modified versions of previous exercises, but may add:

- Crunches
- Gradually increase resistance with stationary bike
- Front and side standing weight shifts
- Aquatic exercises- flutter kick, swimming, 4 way hip with water weights, step ups

### Week 6

Continue with previous or modified versions of previous exercises, but may add:

- Weight shifts – standing, sitting, supported, anterior/posterior, laterals, physioball
- Leg Press
- Mini Squats as weight bearing allows
- Superman in quadruped
- Single leg bridges

**Patient may progress to Phase 3 when they have achieved the following: 105 degrees of flexion, 20 degrees of ER, hip flexion strength >60% uninvolved side, adduction/IR/extension/ER strength 70% uninvolved side**

## **PHASE 3: ADVANCED PHASE**

### Week 7

Continue with previous or modified versions of previous exercises, but may add:

- Clamshells
- Calf Raises
- Single leg balance/proprioceptive retraining
- Physioball exercises – hip lift, bent knee hip lift, hamstring curls, balance
- Sidestepping with resistance-Start with the band at knee height and progress to ankle height.
- Mini-Squats on Thera-pad/Wall-Squats
- Sport KAT balance machine

### Week 8

Continue with previous or modified versions of previous exercises, but may add:

- Step-Ups→Stairmaster
- Lunges – progress from single plane→tri planar→add medicine balls for resistance and rotation
- Theraband walking patterns (~25 yds) – forward, sidestepping, backward, carioca, monster steps, half circles. Start with the band at knee height and progress to ankle height.
- Side stepping over cones
- Single leg body weight squats/Lateral Step-ups

- Bridges on physioball

**Patient may progress to Phase 4 when they have achieved the following: hip flexion strength >70% uninvolved side, adduction/extension/IR/ER strength > 80% uninvolved side, pain-free, normal gait pattern.**

## **PHASE 4: SPORTS SPECIFIC REHAB CLINIC BASED PROGRESSION**

Weeks 9-11

Continue with previous or modified versions of previous exercises, but may add:

- Pool running
- Elliptical
- Step drills, quick feet step ups, forward, lateral, carioca
- Plyometrics – double leg and single leg shuttle jumps
- Theraband walking patterns 1 rep of six exercises at 50 yards
- Sport specific training

Weeks 12+

Continue with previous or modified versions of previous exercises, but may add:

- Running progression
- Sport specific drills
- Traditional weight training

**Criteria for full return to sport:**

- **Full range of motion**
- **Hip strength equal to uninvolved side; single leg pick-up with level pelvis**
- **Ability to perform sport-specific drills at full speed without pain**
- **Completion of functional sports test**