



HIP ARTHROSCOPY LABRAL REPAIR REHABILITATION PROTOCOL

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Post-Op Days 1-6

Considerations/Goals:

- Avoid adhesions and subsequent ROM loss
- Avoid anterior and lateral impingement/Protect the capsule
- Decrease inflammation and pain
- Do not push through pain or pinching, gentle stretching will gain more ROM
- Avoid hip flexion >90°, hip abduction >45°, ER and Extension
- PWB - 20% of body weight
- PWB is for 2 WEEKS (unless microfracture, then 4-8 weeks PWB).
- No SLR x 4 weeks
- Pt should lie prone 2+ hrs per day as well as immediately after CPM use
- Avoid Capsular Mobilization
- Avoid any isolated contraction of iliopsoas

Treatment

- Stationary bike on POD 1 – High seat to avoid anterior impingement
- POD 2 – Gentle hip isometrics in neutral
- Passive ROM in pain free range within allowed ranges
- Passive circumduction – teach family members so pt can do it BID x 4-6 weeks
- Gentle repetitive passive hip IR
- Gentle PROM only, no passive stretching
- Quad sets/Glute sets
- Well leg exercises/core exercises/lumbopelvic stabilization
- Modalities PRN

Post-Op Days 7-13

Considerations/Goals:

- Continue to monitor ROM and compliance with PWB, CPM use, HEP
- Focus on gluteus medius and maximus activation
- PWB x 2 weeks only, then WBAT

Treatment - Continue with above plus:

- Bridging
- Quadruped Rocking (Flexion <90°)
- Half Kneel Hip IR
- Soft tissue manipulation - avoid disrupting incision sites
- Avoid active hip flexion

Post-Op Days 14-27

Considerations/Goals:

- Start WBAT
- Continue to monitor ROM and compliance with PWB, CPM use, HEP

- Focus on gluteus medius and maximus activation
- Restore Full ROM
- Restore normal gait pattern
- Initiate strengthening of hip, pelvis and LE's
- Emphasize gluteus medius strengthening (non-weight bearing).
- No forced (aggressive) stretching of any muscles

Treatment - Continue with above plus:

- Begin AROM in pain free range, exercise caution with excessive flexion
- Gentle scar mobilization once incisions fully healed
- Increase passive ROM beyond initial restrictions as tolerated by patient (pain-free range)
- Avoid prolonged ER
- Pool walking/Aqua Jogging

Post-Op Day 28 +

Considerations/Goals:

- Continue to monitor ROM and compliance with CPM use, HEP
- Restore muscle balances across the hip
- Gluteus medius strengthening in weight bearing
- Eliminate substitution patterns
- Include rotational stability and motor control patterns of hip and lumbo-pelvic complex
- No impact activities until 3 months post-op
- Avoid inflammation of hip flexor, adductor, abductor, or piriformis
- Stop short of any painful barriers

Treatment – Continue with above plus:

- Full stretching of all muscles that cross the hip joint/full PROM
- PREs as tolerated OKC/CKC after cleared for WBAT/FWB
- Balance and Proprioceptive re-training
- Crab/monster walk
- Increase quad/hamstring strengthening
- Quadrupled lumbar / core stabilization progression
- Balance progression: single leg balance to compliant/uneven surface
- Step and squat progression
- Slide board: hip abduction/ adduction, extension

Post-Op 3 months

May begin impact sports

Post-OP 3-5 months

Return to full sports

Other Considerations

- Microfracture will increase PWB time up to 6 weeks