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

- Weight Bearing: 20lb FOOT FLAT weight bearing for weeks (No toe touch weight bearing to avoid hip flexor irritation), WBAT >3 Weeks with slow weaning from 2 crutches to no crutches by 6 weeks
- This may be prolonged to 6 weeks foot flat depending on the procedure performed
- 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°, 0° of IR at 90° of Hip Flexion, IR in prone to comfort, 20° of ER at 90° Hip Flexion, 0° ER in prone position (0-15° ER at 45° Hip Flexion as tolerated by pain)
- CPM: Begin with machine motion set between 30 to 70 degrees and slowly increase to 0-120 degrees, progressively increasing 5 degrees each of flex/ext per day, Use 4 hours per day
- Brace to be locked in extension for sleep, Blocked at 90° flexion for 4 weeks
- No driving for 1-2 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/joint adhesions

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 being at week 3 or when incisions have healed

CRITERIA TO PROGRESS TO PHASE 2

- Minimum 3 weeks post-op
- Ability to maintain quad/hip extension isometric in quadruped for 10 sec without compensation
- PROM greater than 75 deg hip flexion, 10 deg hip extension and 15 deg hip ER
- Single leg stance for 10 sec without loss of height / stability

PHASE 2 (Weeks 4-8)

GENERAL GUIDELINES AND PRECAUTIONS

- Avoid aggressive mobilization/stretching of the anterior hip
- Avoid pain with passive and active ROM progression
- Gradual progression from foot flat to WBAT during 4th week
- Caution with excessive time on feet, ambulation distance, and stairs (begin with minimal steps per day around 3k)

GOALS

- Continued protection of the repaired tissue
- Restoration of full hip ROM in all places
- Restore Normal gait patterns
- Strengthening of the hip, pelvis, and both lower extremities with emphasis on the gluteus medius
- Initial loading, strengthening and stabilization with good technique in both OKC/CKC as demonstrated by the ability to perform step ups on a normal height step and symmetrical bilateral squat to 80 degrees of knee flexion without pain or compensation for >10 reps

EXERCISES

- Strengthening activities evolve from mat exercises to partial weight bearing to full weight bearing positions.
- Strength / Stability
- Closed kinetic chain exercises, including hip bridge, squatting, step up, and hip hinge progressions
- Abduction strengthening such as SLR abduction, side hip bridges, and/or hip hike
- Single leg balance and proprioceptive progression
- Initial, gentle hip flexor strengthening. **Do not force hip flexor strengthening/activation to an irritable anterior hip**
- Mobility
- Gradual and progressive loading to the labrum.
- Progress painless AROM and PROM exercises towards full in all planes
- Continued caution with aggressive hip extension stretching
- Progress joint mobilizations and soft tissue grade
- Aerobic / Aquatic
- Progress stationary bike for endurance and light resistance. No foot in pedal strap

- Initiate basic aquatic therapy exercises when incisions are healed.
- 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

- Improve strength and load capacity of joint and surrounding hip musculature through continued CKC exercise progression (i.e. squatting, lunging, step ups…)
- Improve stability and proprioception of involved hip and limb
- Improve aerobic exercise capacity

EXERCISES

- Strength / Stability
- Continue CKC progressions with added load and resistance
- Initiate more single leg strength and stabilization exercises, such as single leg squats, single leg RDLs, and/or lunges in preparation of running
- Mobility
- End range joint mobilizations and/or mobility exercises to address any residual mobility impairments
- Aerobic / Aquatic **(Take caution if performing these on any irritable anterior hip)**
- Cycling (stationary or road bike, no mountain bike)
- Swimming (no eggbeater kicking or breaststroke)
- Water jogging
- Elliptical / Cross Trainer

CRITERIA TO BEGIN RETURN TO RUN PROGRESSION / PHASE 4

- At least 12 weeks post-operative
- Ability to hold a front and side plank for 60 seconds
- Ability to perform 10 single leg squats to 70 deg knee flexion without significant pain or compensation
- HHD of >70% of uninvolved hip/limb for hip extension, hip abduction, hip external rotation, hip internal rotation, hip adduction, and knee extension

PHASE 4 (>12 Weeks)

GENERAL GUIDELINES AND PRECAUTIONS

- Begin functional progression

- Restrict hopping and cutting drills until 16 weeks
- Unrestricted strength training

GOALS

- Complete a return to run progression
- Reintroduce dynamic and multi-plane activitie
- Pain free unrestricted return to play

EXERCISES

- Strengthening / Stability
- Higher level strengthening with high load, such as barbell squatting and deadlifts
- Progress the challenge of single leg strengthening and stabilization exercises
- Plyometric and Dynamic Exercise
- Introduction of 2-leg hopping and progressing towards 1-leg and from sagittal plane to frontal/transverse planes
- Introduction of speed, agility, and ladder drills
- Begin a return to run progression

CRITERIA FOR RETURN TO WORK/SPORT

- Minimum 4 months post-op
- 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
- Single hop for distance, triple hop for distance, and triple crossover hop for distance with at least 90% limb symmetry

VARIATION IF LABRAL RECONSTRUCTION OR AUGMENTATION

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 (1-6 weeks)

- Brace to be locked in 20 deg of flexion for sleep during the 1st week post-op, 10 deg of flex the 2nd week post-op and in neutral for the remainder of the first 6 weeks. During the day, the brace is to be locked at 90° flexion for the first 6 weeks.
- Do not progress to PHASE 2 until a minimum 6 weeks post-op

PHASE 2 (6-12 weeks)

- Progression from foot flat to WBAT begins 7th week
- Do not progress to PHASE 3 until minimum 12 weeks post-op

PHASE 3 (12-16 WEEKS)

- Do not progress to PHASE 4 until minimum 16 weeks post-op

PHASE 4 (>16 WEEKS)

- Restrict contact activity, hopping and cutting drills until 5 months post-op
- Do not return to sport until minimum 6 months post-op

IF CAPSULE RECONSTRUCTION OR REVISION REPAIR

- First phase to be extended at least 6 weeks; additional phases may also be lengthened depending upon patient's progression.
- Partial weight bearing on operative leg x 6 weeks after surgery (weight of leg only)
- Brace should be worn unlocked during day (0-90 degrees), limit external rotation to less than 30 degrees
- At night brace should be locked at 50 degrees for sleeping to prevent tension across repair
- Remove brace when using CPM, CPM range should start from 30-70 degrees and progress to more flexion per protocol but DO NOT INCREASE TO MORE EXTENSION (MAX EXTENSION SHOULD BE 30 DEGREES LESS THAN OF FULL)