LAKESHORE
Bone & Joint Institute

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Hip Arthroscopy with Labral Repair

Name _____**Date** _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week **Duration** 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, ***please wash hands*** prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using ***sterile*** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

ROM restrictions:
Perform PROM in patient's PAIN FREE range.

FLEXION	EXTENSION	EXTERNAL ROTATION	INTERNAL ROTATION	ABDUCTION
Limited to 90 degrees x 2 weeks	Limited to 0 degrees x 3 weeks	Limited to 30 degrees @ 90 degrees of hip flexion x 3 weeks AND 20 degrees in prone position x 3 weeks	Limited to 20 degrees @ 90 degrees hip flexion x 3 weeks; no limitation in prone position	Limited to 30 degrees x 2 weeks

Weight Bearing Restrictions:
Begin 20# flat foot weight bearing (unless microfracture)
Advance to full WB @ 3 weeks for non-microfracture
Advance to full WB @ 6 weeks for microfracture

Gait Progression:
Begin to DC crutches at 3 weeks (6 weeks if microfracture)

Patient may be fully off crutches and brace once gait is PAIN FREE and NON-COMPENSATORY

Patient Precautions:
No active lifting of surgical leg (need help from family member/caretaker) x 4 weeks
No sitting greater than 30 min at a time for the first 3 weeks
DO NOT push through the pain

Initial Physical Therapy Visit:

Activity/Instruction	**Frequency**
Instructed in ambulation and stairs with crutches and 20# FF weight bearing	
Upright stationary bike no resistance	20 min daily
CPM usage	4 hours/day (3 hours if stationary bike used at home for 20 min) until patient reaches full ROM
Instruction on brace application/usage	
PROM (circumduction, abduction, log rolls) instructed to the family/caregiver *maintain restrictions for 3 weeks*	20 min 2x/day
Prone lying	2-3 hours/day
Isometrics (quad sets, glute sets, TA activation)	Hold sets 5 seconds, 20 sets 2x/day

PHASE 1
GOALS: Protect the joint and avoid irritation

- Goal of symmetric motion by 6-8 weeks post op
- No active open chain hip flexion activation
- Emphasize proximal control
- Manual therapy provided 20-30 min/PT session

Stationary bike (20 min, increase time at week 3 as tolerated by patient)	Daily (weeks 1-6)
Soft tissue mobilization (specific focus to the adductors, TFL, iliopsoas, QL and inguinal ligament)	Daily (20-30 min each) (weeks 1-6)
Isometrics (quad, glutes, TA)	Daily (weeks 1-2)
Diaphragmatic breathing	Daily (weeks 1-2)
Quadriped (rocking, pelvic tilts, arm lifts)	Daily (weeks 1-3)
Anterior capsule stretches (surgical leg off table)	Daily (weeks 3-6)
Clams/reverse clams	Daily (weeks1-3)
TA activation with bent knee fall outs	Daily (weeks 1-3)
Bridging progression	5x per week (weeks 2-6)
Prone hip ER/IR, hamstring curls	5x per week (weeks 2-6)

PHASE 2

GOALS: Non-Compensatory Gait and Progression

- Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns
- Provide tactile and verbal cueing to enable non-compensatory gait
- Advance exercises only as patient exhibits good control (proximal and distal) with previous exercises
- *If microfracture performed*- hold all weight bearing exercises until week 6

Progress off crutches starting week 3 (unless microfracture)	
Continuation of soft tissue mobilization to treat specific restrictions	2x/week (weeks 3-10)
Joint mobilizations posterior/inferior glides	2x/week (weeks 5-10)
Joint mobilizations anterior glides	2/week (weeks 7-10)
Prone hip extension	5x/week (weeks 3-5)
Tall kneeling and ½ kneeling with core and shoulder girdle strengthening	5x/week (weeks 3-6)
Standing weight shifts: side/side and anterior posterior	5x/week (weeks 3-4)
Backward and lateral walking no resistance	5x/week (weeks 3-4)
Standing double 1/3 knee bends	5x/week (weeks 4-6)
Advance double leg squat	5x/week (weeks 6-10)
Forward step ups	5x/week (weeks 6-10)
Modified planks and modified side planks	5x/week (weeks 6-10)
Elliptical (begin 3 min and increase as tolerated)	3x/week (weeks 6-10)

PHASE 3:

GOALS: Return the patient to their pre-injury level

- Focus on functional exercises in all planes
- Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- More individualized, if the patient demand is higher then the rehab will be longer

Continue soft tissue and joint mobilizations PRN	2x/week (weeks 8-16)
Lunges forward, lateral, split squats	3x/week (weeks 8-16)
Side steps and retro walks with resistance (begin with resistance more proximal)	3x/week (weeks 8-16)
Single leg balance activities: balance, squat, trunk rotation	3x/week (weeks 8-16)
Planks and side planks (advance as tolerated)	3x/week (weeks 8-16)
Single leg bridges (advance and hold duration)	3x/week (weeks 8-16)
Slide board exercises	3x/week (weeks 10-16)
Agility drills (if pain free)	3x/week (weeks 10-16)

Hip rotational activities (if pain free)	3x/week (weeks 10-16)

PHASE 4:

GOALS: Return to sport

- It typically takes 4-6 months to return to sports, possible 1 year
- Perform a running analysis prior to running/cutting/agility
- Asses functional strength and obtain proximal control prior to advancement of phase 4

Running	Begin week 16
Agility	Begin week 20
Cutting	Begin week 24
Pivoting	Begin week 24
Plyometrics	Begin week 24
Return to sport specifics	Begin week 24

Comments: Teach HEP_____ Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature_____ Date _____