ORTHOARIZONA

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Hip Arthroscopy for Labral Resection/Minor Repair

Recommendations:

- Please note that this protocol is a general guideline and covers only labral resections and minor labral repairs. Other procedures may be performed at the same time including capsular or articular cartilage procedures that will significantly alter this protocol. Communication with the referring physician is crucial.
- Ice 5-6 times per day for 20 minutes
- Aquatic therapy – can begin at day 10 or after stitch removal & wound closure (start with walking in at least chest deep water, gentle hip ROM, weight shifting, calf raises, deep water bicycling in aqua-jogger; advance to mini squats, heel/toe walking, flutter kicks, deep water running as symptoms allow)
- Return to sport is determined on an individual basis by physician – typically 8 weeks minimum for isolated labral resections, often longer for more complex procedures or contact/collision sports

Post-Op Protocol:

0-2 Weeks:

- TTWB with crutches, unless otherwise specified by MD
- AAROM/PROM 0-90 degrees hip flexion
- All exercises to be done in the painfree ROM only

1. Heel Slides and AAROM/PROM in all planes without pain
2. Ankle pumps
3. Quad sets – Neuromuscular Estim PRN
4. Isometrics for glutes, ADDuctors, ABDuctors, hamstrings
5. Stationary bike for ROM only – no resistance, no hip flexion beyond 90 degrees

2-4 Weeks:

- AAROM/AROM as tolerated through painfree range, but limit hip flexion to 90 degrees
- WBAT progression – wean from crutches provided there is no limp or pain increase

1. Quadruped rocking, stool rotations, prone lying, prone press-ups
2. Standing 4-way straight leg raises as tolerated – start with no resistance, then progress to Theraband or cable resistance above the knee as tolerated

3. Weight shifting activities in a controlled area
4. Heel raises with double to single leg progression
5. Core stabilization including double leg bridge to neutral, neutral pelvis abdominal brace progressions
6. Gentle long axis traction and mobilization as needed to decrease pain and increase ROM – focus on posterior and inferior glides
7. Stationary bike, elliptical trainer with resistance as tolerated
8. Lower extremity stretching – hip flexors, quads, hamstrings, ITB. Many patients have had long standing hip flexor tightness; consider soft tissue mobilization to iliopsoas to facilitate stretching.

4-6 Weeks:

1. Standing progressions for balance, proprioception
2. Mini squats
3. Leg press with up to ½ body weight
4. Forward, side, and retro step downs beginning with a 2 inch step
5. Hamstring strengthening, stool rolls
6. Core stabilization progressions – single leg bridge, plank progressions
7. Hamstring curls, knee extension machine
8. Stairmaster, treadmill walking progression

6-8 Weeks:

- Full AROM/PROM
- Continue and advance previous exercises

1. 4-way hip machine
2. Closed chain strengthening progressions, including hip hikes
3. Single leg balance reach
4. Resisted hip rotation in weight-bearing – Theraband, sports cord, or cable machine – start with double leg and advance to single leg
5. Resisted sidestepping with Theraband or sports cord
6. Fitter, slide board if available

2-3 Months:

1. Advanced core stabilization exercises
2. Begin treadmill running progression
3. Begin swimming laps in the pool
4. May begin sports specific progressions as cleared by MD

3-4 Months:

1. Advanced agility drills
2. Plyometric progressions

3. Transition to appropriate HEP or local gym program

Suggested Readings

Enseki KR et al. The hip joint: Arthroscopic procedures and post-operative rehabilitation. *J Orthop Sports Phy Ther*. 2006; 36(7): 516-525.

Huffman GR, Safran M. Tears of the acetabular labrum in athletes: Diagnosis and treatment. *Sports Medicine and Arthroscopy Review*. 10: 141-150.

Lewis CL, Sahrmann SA. Acetabular labral tears. *Physical Therapy*. 2006; 86(1): 110-121.

Martin RL, et al. Acetabular labral tears of the hip: Examination and diagnostic challenges. *J Orthop Sports Phy Ther*. 2006; 36(7) 503-515