



Hip Arthroscopy: Labral Repair / Osteoplasty

This protocol is meant to serve as a guideline with suggestions for exercises and progression but is not limited to these. It is expected that the therapist will use their professional judgement to progress the patient safely and protect the repair /surgical site.

Phase I: 0-4 Weeks

Weight Bearing

- Labral Repair & Osteoplasty: 20lb. FFWB x 2-3 wks
 - (6 wks FFWB if Microfracture)

Range Of Motion / Brace

- Hip Brace 0-90° x 3 wks
- Passive Hip flexion to 90° x 3 wks
- ER to 30° x 3 wks
- Ext to 0° x 2 wks
- IR No Limits
- Active Hip Flexion at 4 wks s/p if pain-free

CPM

- CPM x 3 wks starting at 0-45°; Advance by 5-10°/day as tolerated
- 1-2 hrs per session, 2-3 x's/day
- May substitute 10 mins on stationary bike w/o resistance for 1 session of CPM

TREATMENT

Week 1:

- Stationary Bike (no resistance)-avoid hip flexion past 90°; do not clip into pedals; may go forward or backward
- Caregiver and therapist PROM Hip Circumduction (start at 45° progress to 70° of hip flexion)
 - Perform 3 times a day – clockwise and counterclockwise- 3 sets of 10 repetitions
 - Continue for 10 weeks postop
- Passive hip stretching to the limits above
 - IR as tolerated, ER up to 30°, ABD to 45°, flexion up to 90°
- Quad Sets, Gluteal Sets, Transverse Abdominus Isometrics - supine and prone
- Lie prone (on stomach) 1-2 hours a day/night
- Walking with crutches with foot flat pattern and 20 lbs pressure only
- CPM 4-6 hours a day
- ICE, ICE, ICE

Week 2: (Continue exercises of week 1)

- STM to glutes/piriformis/ITB as needed
- Opposite Knee to Chest
- Reverse Butterfly
- Transverse Abdominus Opposite Bent Knee Fall Out (stabilizing only on surgical side)
- Beginner Clam to Neutral
- Sidelying Reverse Clam

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- Cat-Camel
- Quadruped Rocking, forward and backward
- Prone Knee Flexion Active Range of Motion (may add resistance)
- Prone Hip Extension on Table to neutral
- Supine active hip abduction w/ heel on slide board

Week 3:

- Focus on hip and core strengthening with minimal activation of hip flexors
- Weight shifting onto involved LE and crutch weaning (adjust time frame for microfracture)
- Scar mobilizations if needed
- Opposite Knee to Chest
- Double Leg Bridging
- Prone Hip Internal Rotation AROM
- Prone Alternating Arm and Leg Lifts (ie Superhuman exercise)
- Prone Terminal Knee Extension
- Clamshell with Resistance
- Rose Wallslides
- Mini-squats 0°-60°
- Aquatic exercises if all incisions completely healed (water walking, standing abduction, mini-squat w/ calf raise)

Week 4:

- Gait training for proper pattern without crutches- NO treadmill, Alter-G is OK
- Active Hip Flexion if pain-free
- Supine active ER stretch (gently slide surgical leg heel up the nonsurgical leg starting at ankle up to knee)
- Hip Flexor, Glute/Piriformis, Hamstring and IT-Band Stretching - Manual and Self
- Stationary Bike with Resistance (do not clip in)
- Bent Knee Fall Out
- Bird Dog
- Single Leg Stance with Support
- Standing active hip abduction (surgical leg should be slightly IR and then is actively abducted)
- Proprioception Balance Training: Progress Bilateral to Unilateral
- Leg Press (Limited Weight)-double leg progressing to single leg
- Standing stool ER/IR (surgical leg knee is rested on swivel sitting stool, patient then moves hip IR and ER)

Phase II: 5-9 Weeks

Weeks 5-6:

- Pain free/Normalized Gait Pattern; NO treadmill; Full Range of Motion at hip
- Single Leg Stance
- Squat Progression
- Single Leg Bridge
- Standing Clamshell with Resistance
- Side Stepping with Resistance at Thighs
- Hip Hiking on Step
- Side Plank on Knees

Weeks 7-9:

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- Progress core and LE strengthening
- Hip Hinge
- Split Squat
- Single Leg Deadlift
- Lunges (Forward, Lateral)
- Elliptical Runner/Stairmaster (if tolerated)
- Water Jogging
- Manual A/P Mobilizations-progressing to Gr III and IV as needed (Delay 2 Wks with Capsule Repair)

Phase III: 10-20 Weeks: Advanced Phase Week

10-16:

- Single Leg Deadlift with Kettleball
- Single Leg Squat
- Modified Side Plank with Hip Abduction
- Progress Lower Extremity & Core Strengthening on stable and unstable surfaces
- Progress Dynamic Balance Activities
- Progress to patient being able to perform low-impact aerobic activity for 30 minutes
- Begin Agility Drills near week 16-side shuffles, forward/retro shuffle

Week 16-20:

- Progress Agility Drills; begin return to run program at 4-5 months
- Plyo progression after successfully tolerating return to run a few weeks
- Side Shuffles (Increase Speed)
- Stutter Step - Smooth Forward/Backward Push Offs
- Golf Progression
- Side to Side Lateral Agility with Sportcord
- Forward/Backward Sportcord Running (near 20 weeks)

Phase IV: 20+ Weeks: Sports Specific Training/Testing Weeks

20-24:

- Z-Cuts, W-Cuts, Cariocas
- Multi-planar weight bearing sport-specific exercises
- Sport Specific Drills

Testing 20-24 Weeks: Return to Sport/Work Guidelines

- Based on MD Approval
- Full Pain free ROM
- Hip Strength Greater than 85% of the Uninvolved Side
- Ability to Perform All Sport Specific Drills at Full Speed without Pain
- Appropriate Completion of All Functional Testing

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