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Rehabilitation of Arthroscopic Hip Surgery – Labral Repair

The following protocol is recommended for post-operative hip arthroscopy patients. As with all surgeries, it is advised that the PT become aware of the particulars of the surgery - hip patients may have labral tears, ligamentum teres tears, articular surface damage, adhesive capsulitis, pulvinar and fat pad atrophy or a combination of the above. These problems may have been addressed through debridement, chondroplasty or micro-fracture procedures. The patient may have undergone femoral osteoplasty or acetabuloplasty procedures - which involve contouring of the femoral head/neck junction or the acetabular rim. The therapist may have to alter the rehab protocol accordingly. Pain tolerance should be respected. Hip flexor, adductor tendonitis and piriformis syndrome may complicate recovery post-surgery and may be addressed through soft tissue release and strengthening.

Phase I: Maximum Protection Phase (Week 1-4)

Goals:

Protect integrity of repaired tissue
Restore ROM within restrictions
Diminish pain and inflammation
Prevent muscular inhibition
Normalize gait

Precautions:

Do not push through hip pain or pinching
No external rotation for 6 wks – Be cautious in bed (bolster with pillow)
No active flexion for 4 weeks except as required for ADLs
Weight bearing restrictions: 50% for 6 weeks with bilateral crutches
Brace to allow hip joint protection : 2-4 Weeks
PROM as tolerated including Grade I hip mobilizations for pain (inferior, posterior, distraction glides)
Flexion: maximum 90 degrees
Abduction: maximum 25 degrees
ER: to neutral
IR/Extension/Adduction: painfree range

Criteria to Progress to Phase II:

- Minimal pain, pinching, or swelling with Phase I exercises
- 90 degrees of pain-free flexion
- Minimal ROM limitations with IR, extension, abduction
- Normal heel to toe gait with two crutches (50% WB)

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Note: The intent of this protocol is to provide guidelines for progression of rehab. It is by no means intended to substitute for clinical decision making. Progression through each phase is based on clinical criteria and time frames as appropriate for your patient.

	Week:					
	1	2	3	4	5	6
Phase I: Initial Exercise						
Ankle Pumps	*	*				
Isometrics-Glut, Quad,HS, Adduction	*	*				
Heel Slides-AAROM (emphasis on HS contraction to avoid hip flexion)	*	*				
Log Rolling (IR only)	*	*				
Pelvic Tilts	*	*				
Transversus Abdominis Isometrics – (Abdominal Hollows)	*	*				
Prone on elbows	*	*				
Prone knee flexion	*	*				
Seated weight shifts – A/P & lateral	*	*				
Seated knee extension	*	*				
Seated Heel Raises	*	*				
Stationary Bike – No resistance or hip flexion greater than 90 degrees (10 min if tolerated; 1-2x/day)		*	*			
Isometrics – Hip Abduction		*	*			
Superman in prone		*	*			
Standing 3 way hip abd, add, extension		*	*			
Pool/HydroTrack (once incisions healed– forward/backward \walking, lateral stepping, mini-squats)		*	*			
Stretching hamstrings, prone quad		*	*	*		
Double leg bridges			*	*		
Standing 3 way SLR with very low resistance – Abd, Add, Ext			*	*	*	*
Seated Physioball Progression – wt shifts, knee extension, etc			*	*		

Phase II: Maximum Protection Phase (Week 4-6)

Goals:

Protect integrity of repaired tissue
 Increase ROM
 Restore normal gait pattern without crutches
 Progressively increase muscle strength

Precautions:

Continue 50% weight bearing through 6 weeks post-op
 PROM: At week 6 begin gentle ER and increase flexion per patient tolerance past 90 degrees
 ER: maximum 20 degrees
 Flexion: maximum 105 degrees
 Joint mobilizations for pain Grade I/II (post/inf/distraction)

Criteria to Progress to Phase III:

- 105 degrees of flexion and 20 degrees of external rotation
- Pain-free/normal gait pattern without crutches
- Hip flexion strength >60% of the uninvolved side
- Hip adduction, extension, IR/ER strength >70% of the uninvolved side

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Week:

	1	2	3	4	5	6	7	8	9
Phase II: Intermediate Exercises									
Stationary Biking with Resistance (increase to 20min; 1-2x/day)				*	*	*	*	*	
Stretching hamstrings, prone quad, kneeling hip flexor stretch				*	*	*	*	*	*
Weight Shifts – Front and side				*	*	*			
Transversus Abdominis Progression – stabilizer for biofeedback				*	*	*			
Manual PNF					*	*	*		
Elliptical						*	*	*	*
Leg Press (minimal resistance to start)						*	*	*	*
Standing ¼ mini squats, heel raises						*	*		
Quadruped – Arm , leg raises; opposite arm/leg lifts						*	*		
Bridges – single leg						*	*		

Phase III: Controlled Activity Phase (Week 7-9)

Goals:

- Restoration of muscular endurance/strength
- Restoration of cardiovascular endurance
- Optimize neuromuscular control/balance/proprioception

Precautions:

- WBAT
- PROM: Restore full, pain-free ROM
- No contact activities

Criteria to progress to Phase IV:

- Hip flexion strength >70% of the uninvolved side
- Hip adduction, abduction, extension, IR/ER >80% of the uninvolved side
- Cardiovascular fitness equal to preinjury level
- Demonstration of initial agility drills with proper body mechanics

Week:

	1	2	3	4	5	6	7	8	9	10	11
Phase III: Advanced Exercises											
Stationary Biking with Resistance (increase to 30 min; 1-2x/day)							*	*	*		
Stretching – Phase II plus Thomas stretch							*	*	*	*	*
Clamshells (begin resistance week 8)							*	*			
Rockerboard (progress double to single leg; with ball toss, wobble board etc)							*	*	*	*	*
Single leg balance (progress firm to soft surface)							*	*	*		
Swiss Ball Core – bridges, trunk on ball with marching, curls,etc							*	*	*	*	
Planks and Side Planks							*	*	*	*	
Knee extensions & Hamstring Curls							*	*	*	*	
Speed Skaters with Theraband for Gluteus Medius							*	*	*	*	
Sport Cord – Sidestepping, forward, backward walking (pause on effected limb); step-overs cup/hurdles							*	*	*	*	
Full Squats								*	*	*	
Lunges – progress from single to tri-planar lunges; add med balls for resistance and rotation								*	*	*	
Step-Ups –anterior, lateral with eccentric lowering								*	*	*	
Theraband Walking – forward, backward, side-stepping								*	*	*	
Wobble board and rockerboard squats								*	*	*	*

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Phase IV: Return to Activity Phase (Week 10 and on):

Goals:

Criteria for full return to competition
Ability to perform sport-specific drills at full speed without pain
Completion of functional sports test

Criteria for full return to competition:

Full Range of Motion
Hip Strength equal to uninvolved side, single leg pick up with level pelvis
Ability to perform sport-specific drills at full speed without pain
Completion of functional sports test

Week:

	10	11	12	13+
Phase IV: Sports Specific Training				
Continue Phase III exercises as needed	*	*	*	*
Biking and Elliptical	*	*	*	*
Pool Running (progress from chest to waist deep water)	*	*		
Single leg pick ups/Cone Obliques (progress to soft surface)	*	*	*	
Step Drills – quick feet step ups (4-6 inch box) forward, Lateral	*	*	*	
Plyometrics		*	*	*
Sport Cord – agility drills		*	*	*
Cutting drills			*	*
Sports specific drills			*	*
Treadmill Running			*	*