

## Hip Arthroscopy Protocol Labral Resection

March 2008

The Gundersen Lutheran Sports Medicine Hip Arthroscopy Rehabilitation Program is an evidence-based and soft tissue healing dependent program allowing patients to progress to vocational and sports-related activities as quickly and safely as possible. Individual variations will occur depending on patient response to treatment. Avoid pain when performing ROM and exercises. **If labral resection is occurring in combination with other procedure, refer to the more conservative protocol of those procedures.** Please contact us at 1-800-362-9567 ext. 58600 if you have questions or concerns.

Phase I: 0-4 weeks	Immediate post-operative phase
<b>Goals</b>	<ul style="list-style-type: none"> <li>• Protect integrity of repaired tissue</li> <li>• Restore ROM within restrictions</li> <li>• Diminish pain and inflammation</li> <li>• Prevent muscular inhibition</li> </ul>
<b>ROM</b>	<ul style="list-style-type: none"> <li>• Flex 90 x 10 days; Ext, Abd, IR, ER no limits</li> </ul>
<b>WB</b>	<ul style="list-style-type: none"> <li>• Labral Resection: PWB ( ≤50% ) x 10 days</li> </ul>
<b>Modalities</b>	<ul style="list-style-type: none"> <li>• Cryotherapy</li> <li>• IFC for pain/effusion if needed</li> </ul>
<p><b>Treatment Recommendations</b></p> <p>Guidelines for progression based on tolerance</p> <p>Criteria for progression to Phase 2:</p> <ul style="list-style-type: none"> <li>• Minimal pain with all phase I exercises</li> <li>• ROM ≥75% of uninvolved side</li> <li>• Proper muscle firing patterns for initial exercises</li> </ul>	<p>Precautions:</p> <ul style="list-style-type: none"> <li>○ Do not push through pain</li> <li>○ Maintain ROM restrictions</li> <li>○ Maintain WB restrictions</li> </ul> <ul style="list-style-type: none"> <li>• Week 1 <ul style="list-style-type: none"> <li>○ AP, QS, gluteal sets, TA isometrics</li> <li>○ Stationary Bike with minimal resistance</li> <li>○ Passive ROM (emphasize IR), Passive supine hip roll (IR)</li> <li>○ Gentle mobilizations – long axis distraction</li> <li>○ Piriformis Stretch</li> <li>○ Aquatic Therapy / Water walking (<b>recommended</b>)</li> </ul> </li> <li>• Week 2 <ul style="list-style-type: none"> <li>○ Heel Slides</li> <li>○ Hip Abd/Add isometrics</li> <li>○ Quadruped rocking</li> <li>○ Prone IR/ER isometrics</li> <li>○ Uninvolved knee to chest stretch</li> </ul> </li> <li>• Week 3 <ul style="list-style-type: none"> <li>○ 3 way leg raise (Abd/Add/Ext)</li> <li>○ double leg bridges (spri band around knees)</li> <li>○ Sidelying clamshells (ER)</li> <li>○ Water jogging</li> </ul> </li> <li>• Week 4 <ul style="list-style-type: none"> <li>○ Leg press</li> <li>○ Short lever hip flexion/SLR</li> <li>○ Hip flexor stretch</li> </ul> </li> </ul>

## Hip Arthroscopy Rehabilitation Program

<b>Phase II: 5-8 weeks</b>	<b>Intermediate Phase</b>
<b>Goals</b>	<ul style="list-style-type: none"> <li>• Protect integrity of repaired tissue</li> <li>• Restore full ROM</li> <li>• Restore normal gait pattern</li> <li>• Progressively increase muscle strength</li> </ul>
<b>ROM</b>	<ul style="list-style-type: none"> <li>• Progress to full ROM</li> </ul>
<b>WB</b>	<ul style="list-style-type: none"> <li>• No limits</li> </ul>
<b>Modalities</b>	<ul style="list-style-type: none"> <li>• Cryotherapy as needed</li> <li>• IFC for pain/effusion if needed</li> </ul>
<p><b>Treatment Recommendations</b></p> <p>Guidelines for progression based on tolerance</p> <p>Progress to phase 3 when:</p> <ul style="list-style-type: none"> <li>• Full ROM</li> <li>• Normal/pain-free gait pattern</li> <li>• Hip flexion strength &gt; 60% uninvolved side</li> <li>• Hip add, abd, ext, IR, ER strength &gt;70% of uninvolved side</li> </ul>	<p>Precautions:</p> <ul style="list-style-type: none"> <li>▪ No ballistic or forced stretching</li> <li>▪ NO treadmill</li> <li>▪ Avoid hip flexor / joint inflammation</li> </ul> <ul style="list-style-type: none"> <li>• Weeks 5-6               <ul style="list-style-type: none"> <li>○ 1/3 Partial squats</li> <li>○ Side bridges</li> <li>○ Stationary biking with resistance</li> <li>○ Seated resisted IR/ER</li> <li>○ Hip 4 way / Multi Hip machine</li> <li>○ Single leg balance / stability exercises (foam / dyna disc)</li> <li>○ Manual A-P mobilizations</li> <li>○ Freestyle swimming</li> <li>○ Lumbopelvic stabilization progression</li> <li>○ Lateral shuffles (spri band)</li> <li>○ Lateral stepdowns</li> <li>○ Elliptical / Stairclimber</li> </ul> </li> <li>• Week 7               <ul style="list-style-type: none"> <li>○ Single leg resisted rotation with cord</li> <li>○ Golf progression</li> <li>○ Resisted walking</li> <li>○ Stabilization exercises with swiss ball</li> </ul> </li> </ul>

<b>Hip Arthroscopy Rehabilitation Program</b>	
<b>Phase III: 9- 12 wks</b>	<b>Advanced Phase</b>
<b>Goals</b>	<ul style="list-style-type: none"> <li>• Restore muscular strength/endurance</li> <li>• Restore cardiovascular endurance</li> <li>• Optimize neuromuscular control/balance/proprioception</li> </ul>
<b>Modalities</b>	<ul style="list-style-type: none"> <li>• Cryotherapy as needed</li> <li>• IFC for pain/effusion as needed</li> </ul>
<b>Treatment Recommendations</b>  Progress to phase 4 when:  <ul style="list-style-type: none"> <li>• Hip flexion strength &gt;70% uninvolved side</li> <li>• Hip Add, Abd, ext, IR, ER strength &gt;80% of uninvolved side</li> <li>• Cardiovascular fitness equal to preinjury level</li> <li>• Demonstration of initial agility drills with proper body mechanics</li> </ul>	Precautions: <ul style="list-style-type: none"> <li>• Avoid hip flexor / joint inflammation</li> <li>• No ballistic or forced stretching</li> <li>• NO treadmill</li> <li>• No contact activities</li> </ul> Week 9: <ul style="list-style-type: none"> <li>• Lunges and lunges with trunk rotation</li> <li>• Side to Side lateral agility with resistance cord</li> <li>• Forward/Backward running with resistance cord</li> <li>• Begin Agility drills               <ul style="list-style-type: none"> <li>▪ Forward / Retro running</li> <li>▪ Side shuffles</li> </ul> </li> </ul> Week 12: <ul style="list-style-type: none"> <li>• Return to running program</li> <li>• Progress Agility drills               <ul style="list-style-type: none"> <li>▪ Forward/Retro run (increase speed)</li> <li>▪ Stutter step – smooth forward/backward push offs</li> <li>▪ Side shuffles (increase speed)</li> </ul> </li> </ul>

<b>Phase 4 13+weeks</b>	<b>Return to activity phase</b>
<b>Treatment Recommendations</b>	Week 13+: <ul style="list-style-type: none"> <li>• Z - cuts</li> <li>• W - cuts</li> <li>• Cariocas</li> <li>• Sport specific drills</li> </ul>
<b>Testing at 13+ weeks</b>	<ul style="list-style-type: none"> <li>• Functional testing per MD approval</li> </ul>
<b>Return to sport/ work guidelines</b>	<ul style="list-style-type: none"> <li>• Based on MD approval               <ul style="list-style-type: none"> <li>○ Full pain-free ROM</li> <li>○ Hip strength &gt;85% of uninvolved side</li> <li>○ Ability to perform sport-specific drills at full speed without pain</li> <li>○ Appropriate completion of all functional testing</li> </ul> </li> </ul>

## Hip Arthroscopy References

- 1) Stalzer S, Wahoff M, Scanlan M. Rehabilitation following hip arthroscopy. *Clin Sports Med.* 2006;337-357.
- 2) Garrison JC, Osler MT, Singleton SB. Rehabilitation after arthroscopy of an acetabular labral tear. *N Am J Sports Phys Ther.* 2007;241-250.
- 3) Enseki KR, Martin RL, Draovitch P et al. The hip joint: Arthroscopic procedures and postoperative rehabilitation. *J Orthop Sports Phys Ther.* 2006;36(7):516-525.