

**Arthroscopic Hip Labral Repair  
Postoperative Rehabilitation Protocol  
Dr. Jeffrey Witty, M.D.**

**General Precautions:**

- Partial WB for 4 weeks
  - o This should be in a foot flat on the ground position instead of toe touch to avoid hip flexor strain
- Avoid prolonged sitting with hip in a flexed position and use higher chairs (such as bar stool height) or recliner which will help minimize hip flexion which could aggravate hip in early postoperative period
- No hip flexion past 70 degrees for first 2 weeks
- Do not pivot over the operative leg
- Do not cross legs
- Avoid straight leg raise
- No hip extension past 0 degrees for 6 weeks
- No external rotation past neutral (foot forward, toward ceiling if lying down) for 3 weeks
- No abduction past 45 degrees for 3 weeks
- When performing hip abduction ROM, do so in approximately 15 degrees of hip flexion
- No impact activity for at least 6 weeks (running, jumping, stairmaster)
  - o A femoral osteoplasty is often performed at time of labral repair and necessitates avoiding any sudden impact or twisting to the hip.

**Equipment:**

- Abduction pillow
  - o Use when sleeping at night to protect the hip from excessive motion
  - o It should keep him in 0 degrees of extension and neutral (foot forward position)
- TED stockings on both legs for at least 2 weeks to help with swelling and minimize risk of blood clot
- Ice
  - o Ice pack to the hip 30 min on and 30 min off to help with pain and swelling

**Medications:**

- Naproxen 500 mg by mouth twice a day for 3 weeks for heterotopic bone prevention
- Enteric coated aspirin 325 mg by mouth once a day for 4 weeks for blood clot prevention
- Omeprazole 20 mg twice a day during above medications to protect stomach

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	<b>Weightbearing</b>	<b>ROM</b>	<b>Exercise</b>
<b>Phase I Week 0 - 3</b>	50% foot flat	<p><u>Flexion:</u> Week 0 - 2: 0 - 70 Week 2 - 3: 0 - 90</p> <p><u>External rotation:</u> Only to neutral</p> <p><u>Internal Rotation:</u></p> <ul style="list-style-type: none"> <li>- Only to neutral in flexed positions</li> <li>- Log roll as pain allows in full extension</li> </ul> <p><u>Abduction:</u> 0 - 45</p> <p><u>Extension:</u> Not beyond 0</p>	<p><u>Week 1:</u></p> <ul style="list-style-type: none"> <li>- Start passive circumduction of hip (clockwise, counter-clockwise. Performed between 15 and 70 degree hip flexion at approximately 1 foot diameter circles</li> <li>- Ankle pumps</li> <li>- Glut sets</li> <li>- Quad sets</li> <li>- Hamstring sets</li> <li>- Adductor isometrics via pillow squeeze</li> <li>- Heel slides (Active assisted)</li> <li>- Internal rotation log roll</li> <li>- Double leg bridge (within ROM restrictions)</li> <li>- Posterior pelvic tilt</li> <li>- Seated knee extensions (within hip flexion restrictions)</li> <li>- Standing abduction, adduction, flexion</li> </ul> <p><u>Weeks 2 - 3:</u></p> <ul style="list-style-type: none"> <li>- Supine marching (within ROM restrictions)</li> <li>- Modified dead bug (within ROM restrictions)</li> <li>- Abduction isometrics</li> <li>- Theraband adduction, abduction, flexion, extension (very low resistance)</li> <li>- Standard stationary bike within 0 - 70 hip flexion 10 to 20 min a day as tolerated</li> </ul>
<b>Phase II Week 4 - 6</b>	Progress to WBAT with crutches until gait pattern normalizes	<p><u>Flexion:</u> 0 - 105</p> <p><u>External rotation:</u> 0 - 20</p> <p><u>Internal Rotation:</u></p> <ul style="list-style-type: none"> <li>- Progress IR not pushing to pain</li> </ul>	<p><u>Week 4 - 5:</u></p> <ul style="list-style-type: none"> <li>- Crunches</li> <li>- Inferior hip glide at 90 deg flexion</li> <li>- IR/ ER log roll mobilization</li> <li>- Gradually inc stationary bike resistance</li> <li>- Pool exercise: 4 way hip</li> </ul>

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		<ul style="list-style-type: none"> <li>- Log roll as pain allows in full extension</li> </ul> <p><u>Abduction:</u> 0 - 45</p> <p><u>Extension:</u> Not beyond 0</p>	<ul style="list-style-type: none"> <li>- with water weights</li> <li>- PROM: gradually incorporate gentle ER and flexion short of pain</li> <li>- Standing SLR with progressive resistance</li> </ul> <p><u>Week 6:</u></p> <ul style="list-style-type: none"> <li>- clamshells</li> <li>- Leg press (verbal cues to keep knee in neutral position)</li> <li>- ¼ mini squats</li> <li>- standing heel raise</li> <li>- single leg bridges</li> <li>- Standing theraband flexion, adduction, abduction, extension</li> </ul>
<b>Phase III Week 7 - 8</b>	WBAT	<p><u>Flexion:</u> Progress full ROM</p> <p><u>External rotation:</u> Progress full ROM</p> <p><u>Internal Rotation:</u> Progress full ROM</p> <p><u>Abduction:</u> Progress to full ROM</p> <p><u>Extension:</u> Progress to full ROM</p>	<p><u>Week 7:</u></p> <ul style="list-style-type: none"> <li>- Clamshells with resistance tubing</li> <li>- Progress cardiovascular exercise</li> <li>- Single leg balance: firm to soft surface with external perturbation</li> <li>- Side steps with resistance</li> <li>- Bosu squat</li> <li>- Hamstring curls</li> <li>- Supermans</li> </ul> <p><u>Week 8:</u></p> <ul style="list-style-type: none"> <li>- Step ups with eccentric lowering</li> <li>- Lunges progressing from single plane to tri-planar</li> <li>- Theraband walking patterns: forward, sides steps, carioca, backward, ½ circles. Start band at knee height and move to ankle height</li> <li>- Single leg body squats</li> <li>- Full squats</li> </ul>
<b>Phase IV Start Week 8 and beyond</b>	WBAT	<p><u>Flexion:</u> Progress full ROM</p> <p><u>External rotation:</u> Progress full ROM</p> <p><u>Internal Rotation:</u> Progress full ROM</p>	<p>Criteria to enter this phase:</p> <ul style="list-style-type: none"> <li>- Hip flexion to 105</li> <li>- ER to 20</li> <li>- Full extension</li> <li>- Pain-free / normal gait pattern</li> <li>- Hip flexion strength &gt; 60% uninvolved side</li> <li>- Hip adduction, extension,</li> </ul>

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		<u>Abduction:</u> Progress to full ROM  <u>Extension:</u> Progress to full ROM	internal and external rotation strength > 70% of uninjured side  <ul style="list-style-type: none"> <li>- Begin progression to functional activity</li> <li>- Pivoting and rotational activity gradually introduced but should be without pain and patient should have normal or nearly normal ROM</li> </ul> Progress to full unrestricted sports and activity as early as 12 weeks.
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Other Notes:

Modalities:

Adapted from:

Marc J Philippon postoperative protocol

Hartigan et al AJSM 2016

Edelstein et al Curr Rev Musculoskelet Med 2012

Enseki et al Clin Sport Med 2010