PARAGON
ORTHOPEDIC CENTER

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Hip Arthroscopic Labral Repair Post-Op Protocol

Precautions

- Labral tissue is slow to heal and requires protection
- If pain or swelling increases at any stage, decrease activity until resolved
- No squatting past 90 degrees x 3 months
- Use ice, anti-inflammatories as needed
- Take one daily Aspirin 325 mg for 6 weeks post op to prevent blood clots

Phase I: 0-3 weeks after surgery

Weight bearing status

- 0 to 3 weeks: Non weight bearing on the operative leg (for labral repair)
- 0 to 6 weeks: Non weight bearing (if micro-fracture)

Exercises

- Passive hip ROM exercises (limit hip flexion to less than 90 degrees)
    - Extension – Stomach lying on elbows for gentle anterior hip stretch
    - Flexion - 0 to 90 degrees only; don't push through pain
        - Wall slides – Lie on your back with the involved foot on the wall and allow the foot to slide down the wall by bending the knee
        - Supine Heel slides – Use your good leg or strap to pull the involved heel toward the buttocks, flexing the knee while keeping the heel on the bed. Hold for 10 seconds
    - Rotation – gentle internal rotation exercises; avoid external rotation to protect repair
- Quadriceps/hamstring/adductor/glute isometrics (tighten the muscles)
- Avoid Straight leg raises (creates excessive forces across the anterior hip capsule)
- Upper body ergometer for conditioning
- No stationary biking
- Ankle pumps

Phase II: Weeks 4-6

Weight bearing status

- Partial weight-bearing with crutches (50% of body weight on operative leg)
- Continue NWB if micro-fracture

Exercises

- Continue above exercises
- Sidelying piriformis stretch
- Quadriped rocking; progress into closed chain cat/camel

- Active standing hip abduction
- Stationary bicycling – begin with no resistance with high seat; gradually increase resistance as tolerated
- Aquatic therapy – may begin weight shifts, steps in pool when incisions healed

Phase III: Weeks 7-12

Weight bearing status

- Begin full weight bearing as tolerated
    - very important to protect against deep squatting and twisting/pivoting

Exercises

- Work towards full hip and knee ROM
- Thompson hip flexor stretch, FABER stretch, Hamstring stretch
- Stationary bicycling – May add resistance with high seat; gradually increase resistance and speed
- Treadmill walking / elliptical trainer (slow speed, no incline) – begin with 5-10 minute duration
- Clam shells
- Double and single leg bridges from floor
- Mini-squats on floor and BOSU
- Physioball core strengthening (hip lift, hamstring curls, bridges)
- Balance/proprioceptive exercises
- Elastic resistance cord exercises/Theraband walking
- Pool running or Alter-G if available after 10 weeks
- Swimming; may begin flutter kicks

Phase IV: Weeks 12-16

Exercises

- Continue previous exercises with progressive resistance
- Pool running
- Add resistance to elliptical trainer
- Theraband walking forward and backward, side steps
- Advance squat depths
    - Add lunges and side step ups

Phase IV: Weeks 16 – 24

Exercises

- Continue previous exercises with progressive resistance
- Begin light jogging program if pain free/no swelling – begin on treadmill or soft track; start with 1 minute jogging/ 4 minute walking intervals; increase running by 1 minute/week
- Continue to increase lower extremity strength and endurance; work on balance and core exercises
- May golf at this point if pain free
- Add plyometric, agility and sport specific training as appropriate

- Progress agility and plyometric training

Phase V: Weeks 24+

Exercises

- Slow return to sports that involve contact, cutting, pivoting or jumping
    - Athletes must pass single/triple hop test to return to sport; collision sports may take 6 months
- Full activities when pain free running, full ROM, no swelling or tenderness
- Micro-fracture healing may take up to a full year for recovery