**Hip Labral Repair Protocol**

The attached protocol should be used as a guideline for progression of physical therapy for patients after a hip arthroscopy with a labral repair. It may be altered by Dr. McClung based on the surgical procedure and other patient factors. Please contact Dr. McClung or his staff with any questions regarding progression.

* Patient will be seen by Dr. McClung 2-3 days post operatively then referred to physical therapy to start within a couple of days after being seen in the office.
* Patient will be placed in a brace in the operating room prior to discharge and the patient will remain in the brace for 6 weeks post operatively.
* Patient will remain toe touch weightbearing and on crutches for 4 weeks after surgery.
* Hip flexion should be limited to no more than 90 degrees and external rotation and cross body adduction should be avoided to keep stress off the repair site.

**PHASE 1: Weeks 1-3**

* Goals:
  + Focus on mobility, especially IR, and isometric strengthening
  + Core strengthening
  + Pain control
* Ankle pumps
* Glute, Quad, and Hamstring sets
* Adductor isometrics
* Heel slides (limit hip flexion to less than 90 degrees)
* Pelvic tilts and bridges with bilateral legs
* Quadruped rocking 🡪progress into closed chain cat/camel
* Knee extensions seated with hip at 90 degrees
* Iliopsoas and abdominal stretching prone on elbows
* Standing 4-way with no resistance
  + Start resistance low and as tolerated in weeks 2 or 3
* Upright bike with no resistance (limit hip flexion to less than 90 degrees)
* Hamstring, Iliopsoas/ Rectus Femoris stretching within ROM limitations
* Week 3- Start SLR (extension, abduction and adduction)

May Progress to phase 2 when: (1) Pain free or minimal pain with all of the phase 1 exercises, (2) Hip flexion to 90 is pain free, (3) ROM with IR/extension/abduction has no limitations.

**PHASE 2: Weeks 4-6**

* Goals:
  + Progress Core strengthening
  + Continue LE ROM and strengthening
  + Stability and balance progression
* Continue phase one exercises and progress as tolerated by patient
* Crunches
* Add resistance to stationary bike
* Start aquatic therapy as long as incisions have healed
  + Flutter kicks, swimming, 4-way hip with water weights, step ups
* Weight shifts- start with front and side standing and progress to standing, sitting, supported, ant/post and lateral
* Leg press
* Mini squats
* Single leg bridges

Progress to phase 3 when: (1) 105 degrees of flexion, 20 degrees of ER, (2) Hip flexion strength is 60% of contralateral side, (3) Adduction/IR/ER/Extension is 70% of contralateral side.

**PHASE 3: Weeks 7-8**

* Goals:
  + Progress ROM and strengthening
  + Advance balance and proprioception
* Progress closed chain exercises and balance training
* Single leg balance
* Clam shells
* Calf raises
* Physioball core strengthening (hip lift, hamstring curls, bridges)
* Wall squats
* Lunges- single plane to triplanar
* Theraband walking (sidestepping, forward, backward, etc.)
  + Progress band from knee height to ankle height
* Single leg squats
* Lateral step ups
* Elliptical trainer

Progress to phase 4 when: (1) pain free, normal gait, (2) Hip flexion strength 70% of contralateral side, (3) Adduction, extension, IR/ER strength 80% uninvolved side.

**PHASE 4: Weeks 9-12**

* Goals:
  + Begin agility training and progress cardiovascular training
  + Achieve full ROM (symmetrical flexibility)
  + Progress strengthening
* Pool Running
* Increase resistance on elliptical
* Agility drills
  + Step drills, quick feet step ups, carioca
* Increase distance of theraband walking patterns (50 yds.)
* May golf (chip/putt) at 3-4 months

Progress to phase 5 when: (1) Pain free phase 4 exercises, (2) strength is symmetrical to contralateral side

**PHASE 5: Weeks 13-16**

* Goals:
  + Sport specific training
  + Progress to return to sport
* Advance squat, lung and core stability
* Begin plyometrics (start with double leg an progress to single leg exercises)
* Begin running at 4months- avoid any cutting or pivoting until 5-6 months
* Traditional weight lifting

**Return to Sport Criteria**

* Full ROM
* Equal strength bilaterally
* Able to do sport-specific drills without pain at 100%
* Pass functional sports test
* Dr. McClung’s discretion