

PT Protocol – Hip Arthroscopy with Labral Repair and/or Femoroplasty

PRE-OPERATIVE PHASE (“Prehab”)

- To start at least 2 weeks prior to surgery
- Crutch ambulation training
- Hip flexor and glut strengthening
- Core strengthening
- Acclimate to use of BFR cuff

POST-OPERATIVE PHASE – GENERAL GOALS AND GUIDELINES

- Blood flow restriction (BFR) encouraged at all stages
- Non-antalgic gait (No pain with walking)
- Increase passive ROM of the affected hip
- Compliance with instructed weight bearing
- No pain at rest
- Home therapy education
- Soft tissue manipulation around portal sites once healed (after Week 2)
- **AVOID:**
 - Excessive external rotation (pointing toes to side)
 - Exercises beyond fatigue/pain
 - Strenuous hip flexion (e.g. straight leg raises)
 - Greater trochanteric bursitis
 - Hip flexor tendonitis

Week 0-2 Primary goals: Regain motion, protect capsule repair

- Foot-flat weight bearing with brace and crutches (25-50% partial weight bearing)
- Stationary bike 20 minutes/day; can increase to 2x/day if tolerable
- Passive ROM exercises of affected hip:
 - No flexion past 90 degrees, no abduction past 30 degrees
- Supine log rolling
- Iliopsoas stretching (Avoid excessive extension)
- Stool rotations (Hip AAROM ER/IR)
- Modalities as needed

- Hip isometric exercises
 - **No Flexion Exercises**
 - Abduction, adduction, extension, external rotation, internal rotation

Week 2-4 Primary goals: Increase strength

- Include all regimens from weeks 0-2.
- Weight bearing as tolerated, wean from crutches and brace
 - Do not remove crutches if still ambulating with an antalgic gait
- Increase ROM exercises, avoid excessive flexion
- Gluteal and piriformis stretching
- Core strengthening (AVOID iliopsoas tendonitis)
- Blood Flow restriction 2-3x/week
- Step downs
- Scar massage at portal sites
- Treadmill side stepping from level surface holding on to side rail (**Week 4**)
- May begin aqua therapy in low end water at **Week 4** once portal sites are healed
 - NO SWIMMING/TREADING
- Clam shells
 - Isometric side-lying hip abduction
- Bike/Elliptical (**may start elliptical at Weeks 3-4**)
- Proprioception training (Week 4)
 - Balance boards, single leg stance □
- Continue with isometrics EXCEPT flexion
 - May begin isometric sub maximum pain free hip flexion at 4 weeks

Week 4-8 Primary goals: increase motion, increase overall strength, avoid iliopsoas syndrome

- Include all therapy regimens from Weeks 0-4
- Increase ROM as pain allows
- Hip flexor and IT band stretching
- LOWER EXTREMITY STRENGTHENING
 - Hip flexor isometric exercises (avoid open-kan)
 - Leg press (avoid deep flexion)
- Knee flexion and extension isokinetics
- Core strengthening: Planks
- LE proprioception exercises (**Avoid torsion**)
- Hip hiking on Stairmaster

Week 8-12 Primary goals: increase overall conditioning, begin ER motion

- Include all therapy regimens from Weeks 4-8
- Hip endurance activities
- Dynamic proprioception exercises
- Increase LE strengthening
- Continue to improve Hip external rotation and overall ROM

Week 12-16 Primary goals: begin dynamic and sport-specific exercises

- Include all therapy regimens from Weeks 8-12
- Continue LE strengthening
- Sport-specific drills
- May begin treadmill running
- Plyometrics

Weeks 16+ Primary goals: discharge into home program and release to full sport participation

- Decision for full return to sport is based on peer-reviewed physical testing and performance in sport-specific drills
 - Step down test
 - Pain free or at a manageable level of discomfort
 - Single leg cross-over triple hop for distance
 - < 85% of normal side considered abnormal