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## **Hip Labral Repair Protocol**

#### Phase I - Immediate Rehabilitation (Weeks 1 to 3):

- Goals
  - Protect repaired tissue
  - Restore ROM within restriction limitations
  - Decrease pain and prevent muscular inhibition
- Precautions
  - o 20lb FFWB for 2 weeks
  - Gentle Passive ROM only, no passive stretching
  - Avoid any isolated contraction of iliopsoas
- Initial Exercises
  - AAROM within range limitations, pain free
  - STM
  - Stationary bike with no resistance
  - Isometeric (quad, gluteal, TA isometrics)
  - ROM guidelines
    - Flexion: 90 degrees
    - Extension: 0 degrees
    - Abduction: 25-30 degrees
    - Internal: 90 degree hip flexion: 0 degree (supine), no limit (prone)
    - External: 90 degree hip flexion: 30 degrees (supine), 20 degrees (prone)
    - After 3 weeks, gradually progress ROM as tolerated, within pain-free zone

#### **Prior to progressing into phase 2:**

- Pain free full weight bearing
- Independent activation/co-contraction of gluteals, quads, hamstrings

#### Phase II – Transitional Phase of Rehabilitation (Weeks 4 to 6):

- Goals
  - Restore full ROM
  - Restore normal gait pattern
  - o Initiate strengthening of hip, pelvis, and LE
- Precautions
  - No forced stretching
  - No joint/capsular mobilizations
  - Avoid inflammation of hip flexor, adductor, abductor, and piriformis
- Exercises
  - Gentle strengthening: ROM must come before strengthening
  - Stationary bike: add resistance at 5-6 weeks
  - Pelvic floor strengthening
  - Light quad and hamstring strengthening



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- o ½ kneel: gentle pelvis tilt for gentle stretch of iliopsoas
- o Gait progression: weight shift side to side and then forward/backward
- Balance progression: double leg to single leg balance

## **Prior to progressing into Phase 3:**

- Pain free with all ADLs
- Full ROM
- Normal gait pattern while walking
- Hip flexion 60% of uninvolved side
- Hip Add, Abd, ER and IR 80% of uninvolved side

#### Phase III – Intermediate Rehabilitation (Weeks 7-9 weeks):

- Goals
  - Full Hip ROM and Normal Gait Pattern
  - o Progressive strengthening of hip, pelvis, and LE
  - Emphasize gluteus medius strengthening in weight bearing
- Precautions
  - No forced stretching
  - No joint/capsular mobilizations
  - Avoid inflammation of hip flexor, adductor, abductor and piriformis
- Exercises
  - Crab/monster walk
  - Increase intensity of quad and hamstring strengthening
  - o Balance progression: single leg balance to compliant/uneven surface
  - Elliptical/stair stepper-6-8 weeks
  - o Slide board: hip abduction/adduction, extension, IR/ER, No forced abduction.

#### **Prior to progressing into Phase 4:**

- Full ROM
- Pain free normal gait pattern
- Hip flexor strength 4/5
- Hip abd/add, ext, IR/ER 4/5 strength

# Phase IV - Advanced Rehabilitation (10-12 weeks):

- Goals
  - Restore full muscular endurance and strength for sport specific activities
  - Restore patient's cardiovascular endurance
- Precautions
  - No contact activities
  - No forced stretching
  - No joint mobilizations
- Exercises



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- No treadmill until week 12
- o Anterior/side plank progression
- Lunges in all directions
- Single leg squat

# Phase V-Sport Specific Training >12 weeks

- Criteria for progression
  - Hip flexor strength 4+/5
  - Hip add/abd/ext/ER/IR 5/5
  - Cardiovascular endurance
  - Demonstrates proper squat form and pelvis stability with initial agility drills
  - Stable single leg squat
- Exercises
  - Customize strengthening and flexibility program based on patient's sport and/or work activities
  - o Z cuts, W cuts, Cariocas
  - o Agility drills
  - Jogging
  - Gradual return to sport

## Prior to return to sport:

- Pain free
- Symmetrical ROM and MMT
- No muscular endurance deficits
- Pass functional testing (sport cord, Y balance, triple hop, sport specific)