

**PHYSICAL THERAPY PROTOCOL: HIP ARTHROSCOPY, LABRAL REPAIR, WITH OR WITHOUT  
FAI COMPONENT****ROM Restrictions: -Perform PROM in patient's PAIN FREE Range**

| <b>FLEXION</b>   | <b>EXTENSION</b>                   | <b>EXTERNAL ROTATION</b>   | <b>INTERNAL ROTATION</b>  | <b>ABDUCTION</b>                    |
|--|------------------------------------|--|---|-------------------------------------|
| Limited to:<br>90 degrees x 2 weeks (may go higher in the CPM) | Limited to:<br>0 degrees x 3 weeks | Limited to:<br>*30 degrees @ 90 degrees of hip flexion x 3 weeks<br>*20 degrees in prone x 3 weeks | Limited to:<br>*20 degrees @ 90 degrees of hip flexion x 3 weeks<br>*No limitation in prone | Limited to:<br>30 degrees x 2 weeks |

**Weight Bearing Restrictions:****Gait Progression:**

|   |  |
|---|--|
| <b>20# FOOT FLAT Weight Bearing</b><br>-for 3 weeks (non-Micro-fracture)<br>-for 6 weeks (with Microfracture) | Begin to D/C crutches at 3 weeks (6 wks if MicroFracture is performed).<br>Patient may be fully off crutches and brace once gait is PAIN FREE and NON-COMPENSATORY |
|---|--|

**PATIENT PRECAUTIONS:**

-NO Active lifting of the surgical leg (use a family member/care taker for assistance/utilization of the non-operative leg) for approximately 4 weeks  
-NO sitting greater than 30 minutes at a time for the first 3 weeks  
-DO NOT push through pain

**POST-OP DAY 1/INITIAL PHYSICAL THERAPY VISIT:** **Check List:**

| <b>Activity/Instruction</b>   | <b>Frequency</b>  | <b>Completed ?</b> |
|---|---|--------------------|
| Instructed in ambulation and stairs with crutches and 20# FFWB  |   |                    |
| Upright Stationary bike no resistance   | 20 minutes daily  |                    |
| CPM usage   | 4 hours/day (decrease to 3 hours if stationary bike used for 20') |                    |
| Instruction on brace application/usage  |   |                    |
| PROM (circumduction, abduction, log rolls) instructed to the family/caregiver<br>*maintain restrictions for 3 weeks | 20 minutes; 2 times each day                                      |                    |
| Prone lying   | 2-3 hours/day   |                    |
| Isometrics (quad sets, glut sets, TA activation)  | Hold each 5 seconds, 20 times each, 2x/day                        |                    |

## PHASE 1

Goal: Protect the Joint and Avoid Irritation

PT Pointers:

- Goal is symmetric ROM by 6-8 weeks
- NO Active open chain hip flexor activation
- Emphasize Proximal Control
- Manual Therapy to be provided **20-30 minutes**/PT session

| Date of surgery:   | Week                               | 1 | 2 | 3 | 4 | 5 | 6 |
|--|------------------------------------|---|---|---|---|---|---|
| Stationary bike (20 min, Increase time at week 3 as patient tolerates)                               | Daily                              | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament) | Daily (20-30 minutes each session) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Isometrics<br>-quad, glutes, TA  | daily                              | ✓ | ✓ |   |   |   |   |
| Diaphragmatic breathing  | daily                              | ✓ | ✓ |   |   |   |   |
| Quadriped<br>-rocking, pelvic tilts, arm lifts   | daily                              | ✓ | ✓ | ✓ |   |   |   |
| Anterior capsule stretches: surgical leg off table/Figure 4  | daily                              |   |   | ✓ | ✓ | ✓ | ✓ |
| Clams/reverse clams  | daily                              | ✓ | ✓ | ✓ |   |   |   |
| TA activation with bent knee fall outs   | daily                              | ✓ | ✓ | ✓ |   |   |   |
| Bridging progression   | 5x/week                            |   | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prone hip ER/IR, hamstring curls   | 5x/week                            |   | ✓ | ✓ | ✓ | ✓ | ✓ |

## PHASE 2

Goal: Non-Compensatory Gait and Progression

PT Pointers:

- Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns
- Provide tactile and verbal cueing to enable non-compensatory gait patterning
- Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- If MicroFracture was performed, Hold all weight bearing exercises until week 6

| Date of Surgery:  | Week    | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---------|---|---|---|---|---|---|---|----|
| Progress off crutches starting week 3                                   |         | ✓ |   |   |   |   |   |   |    |
| Continuation of soft tissue mobilization to treat specific restrictions | 2x/week | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓  |
| Joint Mobilizations posterior/inferior glides                           | 2x/week |   |   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓  |
| Joint Mobilizations anterior glides                                     | 2x/week |   |   |   |   | ✓ | ✓ | ✓ | ✓  |
| Prone hip extension   | 5x/week | ✓ | ✓ | ✓ |   |   |   |   |    |
| Tall kneeling and ½ kneeling w/ core and shoulder girdle strengthening  | 5x/week | ✓ | ✓ | ✓ | ✓ |   |   |   |    |
| Standing weight shifts: side/side and anterior/posterior                | 5x/week | ✓ | ✓ |   |   |   |   |   |    |
| Backward and lateral walking no resistance                              | 5x/week | ✓ | ✓ |   |   |   |   |   |    |
| Standing double leg ⅓ knee bends  | 5x/week |   | ✓ | ✓ | ✓ |   |   |   |    |
| Advance double leg squat  | 5x/week |   |   |   | ✓ | ✓ | ✓ | ✓ | ✓  |
| Forward step ups  | 5x/week |   |   |   | ✓ | ✓ | ✓ | ✓ | ✓  |
| Modified planks and modified side planks                                | 5x/week |   |   |   | ✓ | ✓ | ✓ | ✓ | ✓  |
| Elliptical (begin 3 min, ↑ as tolerated)                                | 3x/week |   |   |   | ✓ | ✓ | ✓ | ✓ | ✓  |

### Phase 3

Goal: Return the Patient to Their Pre-Injury Level

PT Pointers:

- Focus on more FUNCTIONAL exercises in all planes
- Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- More individualized, if the patients demand is higher than the rehab will be longer

| Date of surgery  | Week    | 8 | 9 | 10 | 11 | 12 | 16 |
|--|---------|---|---|----|----|----|----|
| Continue soft tissue and joint mobilizations PRN                             | 2x/week | ✓ | ✓ | ✓  | ✓  | ✓  |    |
| Lunges forward, lateral, split squats  | 3x/week | ✓ | ✓ | ✓  | ✓  | ✓  | ✓  |
| Side steps and retro walks w/ resistance (begin w/ resistance more proximal) | 3x/week | ✓ | ✓ | ✓  | ✓  | ✓  | ✓  |
| Single leg balance activities: balance, squat, trunk rotation                | 3x/week | ✓ | ✓ | ✓  | ✓  | ✓  | ✓  |
| Planks and side planks (advance as tolerated)                                | 3x/week | ✓ | ✓ | ✓  | ✓  | ✓  | ✓  |
| Single leg bridges (advance hold duration)                                   | 3x/week | ✓ | ✓ | ✓  | ✓  | ✓  | ✓  |
| Slide board exercises  | 3x/week |   |   | ✓  | ✓  | ✓  | ✓  |
| Agility drills (if pain free)  | 3x/week |   |   | ✓  | ✓  | ✓  | ✓  |
| Hip rotational activities (if pain free)                                     | 3x/week |   |   | ✓  | ✓  | ✓  | ✓  |

### Phase 4

Goal: Return to Sport

PT Pointers:

- It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery
- Perform a running analysis prior to running/cutting/agility
- Assess functional strength and obtain proximal control prior to advancement of phase 4

| Date of surgery           | Week | 16         | 20 | 24 | 28 | 32 |
|---------------------------|------|------------|----|----|----|----|
| Running                   |      | In Alter G | ✓  | ✓  | ✓  | ✓  |
| Agility                   |      |            | ✓  | ✓  | ✓  | ✓  |
| Cutting                   |      |            |    | ✓  | ✓  | ✓  |
| Plyometrics               |      |            |    | ✓  | ✓  | ✓  |
| Return to sport specifics |      |            |    | ✓  | ✓  | ✓  |