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Hip Labral Repair

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications. The total length of rehabilitation will vary depending on the following factors: age, health, personal goals of patient, or healing of the surgical site.

If hip capsular plication/imbrication delay protocol 2 weeks

PHASE I:

Weeks 1-3

Weight Bearing-
1. Toe Touch WB, flat foot

Orthotics-
1. Hip brace as specified by surgeon

Modalities (PRN)-
1. Ice, E-stim, Compression, and Elevation as needed to control pain and swelling

ROM –
1. NO ER, NO flexion >90*, NO hyperextension, NO Abduction >45*

Exercises-
1. Prone positioning 2 hours total throughout the day
2. Start hip/LE isometrics: glut, quad, HS, hip ABD and hip ADD
3. PROM into hip flexion 90*, ABD 45*, IR full as tolerated, NO ER
4. Upright bike
5. Long arc quads and hamstring curls
6. Core work (supine marching, pelvic tilts)
7. NO Active SLR

PHASE II: (Intermediate)

Weeks 4-6

Weight Bearing-
1. Start partial WB 50%
2. Progress to WBAT at 5 weeks with crutches
3. Progress off crutches week 6

Orthotics-
1. Continue hip brace as specified by surgeon

Modalities (PRN)-
1. Continue only as needed.

ROM-
1. Full ROM all planes, with gentle flexion beyond 90*

(Cont'd weeks 4-6)

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Exercises –
1. Mini squats, leg press, heel raises once WBAT
2. Clamshells no resistance
3. Full double leg bridge, progressing to single leg
4. Quadruped progression
5. Resisted hip extension with theraband

PHASE III: (Strengthening)

Weeks 7-8

Weight Bearing-
1. Full WB

Orthotics-
1. Discontinue hip brace if using one post surgery

ROM-
1. Progress to full ROM

Exercises-
1. Resisted walking
2. Squat and step up progression
3. RDLs
4. Multi-plane lunges, other multi-plane exercises

PHASE IV: (Agility/plyometrics)

Weeks 9-11

Exercises-
1. Agility ladder
2. Plyometrics, start bilateral and progress to single leg

Weeks 12+

Exercises- *as approved by surgeon
1. Running progression
2. Return to sports programs
2. May perform functional testing if requested by surgeon
   LE functional testing (see protocol)
   (Goal: 90% of uninvolved leg)
   ***Please complete functional testing sheet and send results to physician**

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