

Arthroscopic Hip Post-Op Protocol: Labral Repair or Debridement & Bony Work

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PRECAUTIONS:

- ***NO** Straight leg raises into flexion; ok for ADLs/transfers as able
- ***NO** pushing into pinching pain with passive ROM
- ***AVOID** extreme ER and extension x 3 weeks
- ***ABDUCTION GOAL:** 0-45 degree @ 2 wks post-op
- ***MICROFRACTURE:** Foot-Flat Weightbearing (max 20 lbs) x 4 weeks with crutches then wean as appropriate based on quality of gait mechanics
- ***PINCER WITH LABRAL RE-FIXATION OR LABRAL REPAIR:** Foot-Flat Weightbearing (max 20 lbs) x 3 weeks with crutches then wean as appropriate based on quality of gait mechanics
- *Please note: females 30+ y/o and hypermobile will often progress more slowly; proper activation of glute max and TA is more important than pushing to next stages.

WEEKS 0-3:

- Stationary biking for up to 20 minutes (keep seat high to avoid pinching in the hip)
- Passive ROM/circumduction (avoid extreme ER for 3 weeks, avoid passive extension)
- Isometrics 2x/day: transverse abdominus, quads, hams, glute max
- Prone lying: Up to 15 min x 4/day
- Prone hip IR with knees together—windshield wipers
- Supine reverse butterflies with feet hip width apart
- Prone passive/active-assisted knee flexion gliding on/off by PT and can teach with belt or contralateral leg
- Stretching: quad, adductor, hamstrings

Start 1 week Post-Op:

- Prone glute max retrain/SLR (ensure using glute max and not lumbar paraspinals)
- Reformer (or similar)—gentle DL leg press, or more with the un-involved leg
- Gentle soft-tissue work if needed (TFL, quads, adductor, gluteus medius/minimus—will help with glute max activation with active prone extension)

Start 2 week Post-Op:

- Bridging, make sure using glute max
- Quadruped kick back with band
- Cat cows

3 WEEKS POST-OP:

- Can DC the isometrics, continue gluteal isometrics
- Quadruped rocking—several times/day
- Full ER now (unless stated differently on order)
 - Stool rotations
 - Supine butterflies with feet together
 - Seated and standing ER/IR

4 WEEKS POST-OP:

- Leg press
- DL hip-dominant squats
- Can add some resistance to bike and make it more like a workout (watch TFL/hip flexor pain)

5 WEEKS POST-OP:

- SLS balance
- Progress DL hip-dominant squat to SL or with toe down

6 WEEKS POST-OP:

- Single leg hip-dominant squat (make sure glute max is really activating with SL, okay to still have contralateral toe down or even DL)
- Start more CKC strength
 - Lateral lunging, forward lunging, can try some rotation if patient is ready
- Lateral walk with squat and band (if g med is firing > TFL)
- More advanced work on reformer (standing side splits, feet in straps, planks, etc)
- Prone planks, with good TA activation and lumbopelvic control, watch hip flexor dominance
- More aggressive soft-tissue work to adductors, psoas, TFL, g med/min, rectus femoris
- **This is the stage the patient may feel more sore as they are doing more without the strength and endurance to do the work. So manual therapy and very close attention to the glute max staying activated with the exercises is of utmost importance.*
- Some patients may be able to start elliptical machine

8 WEEKS POST-OP:

- Elliptical machine (can be sooner at 6 weeks), skating, outdoor biking
- Start pushing the strength making sure glute max stays activated.
 - *This is when patients can look like they are doing the exercises properly, but are **not** using their glute max. This will cause the hip pain to linger. (Patients describe pre-surgical pain and worry—easy to calm these fears with manual techniques and ensuring glute max is activating with advanced strength exercises)*
- 3D strength, *make sure g max stays activated*
- STM and *posterior* capsule joint mobilizations with belt
- Some patients may be able to start some agility work if more advanced, may need to wait until 10-12 weeks post-op.

10 WEEKS POST-OP:

- Continue to progress CKC strength tri-planarly
- Agility
- Functional activity (hike, kick, throw)
- Sport-specific progressions

12 WEEKS POST-OP:

- Return to running, golf irons, butterflying for goalies

4-6 MONTHS POST-OP:

- Sport specific retraining
- LE Sport Testing
- Return to sport based on MD approval