

Hip Labral Repair Protocol

Phase I – Immediate Rehabilitation (Weeks 1 to 3):

- Goals
 - o Protect repaired tissue
 - o Restore ROM within restriction limitations
 - o Decrease pain and prevent muscular inhibition
- Precautions
 - o 20lb FFWB for 2 weeks
 - o Gentle Passive ROM only, no passive stretching
 - o Avoid any isolated contraction of iliopsoas
- Initial Exercises
 - o AAROM within range limitations, pain free
 - o STM
 - o Stationary bike with no resistance
 - o Isometric (quad, gluteal, TA isometrics)
 - o 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
 - o Restore full ROM
 - o Restore normal gait pattern
 - o Initiate strengthening of hip, pelvis, and LE
- Precautions
 - o No forced stretching
 - o No joint/capsular mobilizations
 - o Avoid inflammation of hip flexor, adductor, abductor, and piriformis
- Exercises
 - o Gentle strengthening: ROM must come before strengthening
 - o Stationary bike: add resistance at 5-6 weeks
 - o Pelvic floor strengthening
 - o Light quad and hamstring strengthening

- ½ kneel: gentle pelvis tilt for gentle stretch of iliopsoas
- 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
 - 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
 - Balance progression: single leg balance to compliant/uneven surface
 - Elliptical/stair stepper-6-8 weeks
 - 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

- No treadmill until week 12
- 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
 - Z cuts, W cuts, Cariocas
 - 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)