

## Hip Labral Repair Outpatient Protocol/Guidelines

Surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol.

Phase I	Phase II	Phase III
0-4 weeks	4-8 weeks	8-12+ weeks
<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>• Avoid excessive early flexion, ER, and abduction into pain to prevent inflammation.</li> <li>• If a psoas release was performed, active hip flexion is restricted for 6 weeks</li> </ul> <p style="text-align: center;"><b>WEIGHT BEARING</b></p> <ul style="list-style-type: none"> <li>• 20 lb flat foot WB x 2 weeks then PWB x 2 weeks with 1 crutch</li> <li>• PWB x 6 weeks with microfracture repair or gluteus medius repair</li> </ul> <p style="text-align: center;"><b>ROM</b></p> <p style="text-align: center;"><b>Restrictions x 3 weeks</b></p> <ul style="list-style-type: none"> <li>• Flexion 0-90° x 2 weeks, 120° by week 4</li> <li>• Extension: 0°</li> <li>• ER: 0°</li> <li>• IR: work to full ROM at 0° and 90°</li> <li>• Abduction: 0-45°</li> <li>• Post-op brace per surgeon recommendations</li> </ul> <p style="text-align: center;"><b>EXERCISE</b> <b>Weeks 0-2</b></p> <ul style="list-style-type: none"> <li>• <b>Avoid SLR</b></li> <li>• Quad, gluteal, hamstring, TA, hip ABD &amp; ADD isometrics</li> <li>• PROM: flexion, abduction, IR at 0° and 90°</li> <li>• Hip circumduction</li> <li>• Prone lying 1-2 hours per day</li> <li>• Upright stationary bike</li> </ul> <p style="text-align: center;"><b>Weeks 2-4</b></p> <ul style="list-style-type: none"> <li>• Quadruped rocking <b>POD 14</b></li> <li>• Hip IR/ER isometrics</li> <li>• Supine heel slides</li> <li>• Gentle lumbopelvic stability exercise</li> <li>• Standing abduction/adduction</li> </ul>	<p style="text-align: center;"><b>PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>• Continue precautions with OKC SLR due to possibility of hip flexor tendonitis</li> <li>• Continue weight bearing restrictions as indicated by procedure performed</li> </ul> <p style="text-align: center;"><b>WEIGHT BEARING</b></p> <ul style="list-style-type: none"> <li>• WBAT unless otherwise instructed</li> </ul> <p style="text-align: center;"><b>ROM</b></p> <ul style="list-style-type: none"> <li>• Achieve full ROM</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>• Continue previous exercise as needed</li> <li>• Stretching hip flexors, adductors prn</li> <li>• 3 way SLR</li> <li>• CKC eccentric hip flexor strengthening (see Edenstein et al)</li> <li>• Advance lumbopelvic stability exercise</li> <li>• CKC gluteal strengthening (wall sits, sidestepping, bridging)</li> <li>• Bilateral CKC to unilateral CKC exercise</li> <li>• Advance proprioceptive exercise</li> </ul> <p style="text-align: center;"><b>MANUAL THERAPY</b></p> <ul style="list-style-type: none"> <li>• Soft tissue mobilization</li> <li>• Scar mobilization</li> </ul>	<p style="text-align: center;"><b>PLYOMETRICS</b></p> <ul style="list-style-type: none"> <li>• Initiate jumps in place in later stages of Phase III</li> <li>• Initiate single plane agility ladder in later stages of Phase III</li> </ul> <p style="text-align: center;"><b>EXERCISE</b></p> <ul style="list-style-type: none"> <li>• Advance core exercise</li> </ul> <p>Examples</p> <ul style="list-style-type: none"> <li>• PNF chops</li> <li>• Side plank with ABD</li> <li>• Front plank with leg raises</li> </ul> <ul style="list-style-type: none"> <li>• Lower extremity</li> </ul> <p>Examples</p> <ul style="list-style-type: none"> <li>• Multiplanar lunge</li> <li>• Standing resisted hip ER</li> <li>• Elastic band resisted split squats</li> <li>• Overhead squats</li> </ul> <ul style="list-style-type: none"> <li>• Dynamic proprioceptive exercise</li> <li>• Sports specific exercise</li> </ul> <p style="text-align: center;"><b>MANUAL THERAPY</b></p> <ul style="list-style-type: none"> <li>• Soft tissue mobilization</li> <li>• Hip capsule mobilization if appropriate</li> <li>• Scar mobilization</li> </ul> <p style="text-align: center;"><b>RUNNING</b> <b>Week 10-12</b></p> <ul style="list-style-type: none"> <li>• Patient should demonstrate movement patterns without dynamic valgus prior to initiating return to run program</li> </ul>
<p style="text-align: center;"><b>PHASE I Criteria to progress</b></p> <ol style="list-style-type: none"> <li>(1) Basic healing time recommendations</li> <li>(2) Verbal 11-point pain scale &lt; 3</li> <li>(3) Circumferential measures within 1cm uninvolved side</li> <li>(4) Passive ROM 90% WNL except extension to be equal to 10 degrees, external rotation 15 degrees, flexion 110 degrees</li> </ol>	<p style="text-align: center;"><b>PHASE II Criteria to progress</b></p> <ol style="list-style-type: none"> <li>(1) Hip Outcome Score ADL minimal score of 89%</li> <li>(2) 10 reps of a single leg squat to a depth of 70 degrees of knee flexion</li> <li>(3) 10 reps of 8" step up and step down</li> <li>(4) Completion of a 60 second side plank test</li> <li>(5) Toleration of sport specific tasks without pain, loss of symmetry, and</li> </ol>	<p style="text-align: center;"><b>PHASE III Criteria to progress</b></p> <ol style="list-style-type: none"> <li>(1) Vail Hip Sports Test score 20/20</li> <li>(2) &gt;85% limb symmetry index (LSI) on single limb hop test(s)</li> <li>(3) &lt;6 flaws in 10 seconds with tuck jump assessment</li> <li>(4) &lt;4 cm anterior asymmetry on the Y-Balance Test (LE YBT)</li> <li>(5) Toleration of sport specific tasks without pain, loss of symmetry, and</li> </ol>

## Hip Labral Repair Outpatient Protocol/Guidelines

	maintaining neuromuscular control at an intensity 0-1 Borg RPE scale	maintaining neuromuscular control at an intensity 5-7 on Borg RPE scale
--	--	---

Rev. 6/16

**Table 2. Vail Hip Sports Test, with scoring criteria**

Exercise Type	Cues for Examiner	Goal	Score	Total
Single leg squat	Knee flexion 30-70 degrees; reps without knee valgus (patella falls medial to great toe); avoids locking knee into extension; avoids patella beyond toe during flexion; maintain upright trunk	3 min	1 point every 30 seconds of proper performance	___/6
Lateral Bounding	Knee flexion > 30 at landing; reps without knee valgus; reps within landing boundaries; landing phase not exceeding 1 sec in duration	100 sec	1 point every 20 seconds of proper performance	___/5
Diagonal Bounding	Knee flexion > 30 at landing; reps without knee valgus; reps within landing boundaries; landing phase not exceeding 1 sec in duration	100 sec	1 point every 20 seconds of proper performance	___/5
Forward Box Lunge	Hip flexion >110 at forward position; hip extension >10 degrees at back position; reps without pelvic hike or rotation	2 min	1 point every 30 seconds of proper performance	___/4
				___/20

**Table 3. Tuck Jump Assessment**

Tuck Jump Assessment	Pre	Mid	Post
<b>Knee and Thigh Motion</b>			
1. Lower extremity valgus at landing	___	___	___
2. Thighs do not reach parallel (peak of jump)	___	___	___
3. Thighs not equal side-to-side (during flight)	___	___	___
<b>Foot Position During Landing</b>			
4. Foot placement not shoulder width apart	___	___	___
5. Foot placement not parallel (front to back)	___	___	___
6. Foot contact timing not equal	___	___	___
7. Excessive landing contact noise	___	___	___
<b>Plyometric Technique</b>			
8. Pause between jumps	___	___	___
9. Technique declines prior to 10 seconds	___	___	___
10. Does not land in same footprint (excessive in-flight motion)	___	___	___
<b>TOTAL:</b>	___	___	___

### REFERENCES

Edelstein J, Ranawat A, Enseki KR, Yun RJ, Draovitch P. Post-operative guidelines following hip arthroscopy. *Current reviews in musculoskeletal medicine*. Mar 2012;5(1):15-23.

Enseki et al. The hip joint: arthroscopic procedures and postoperative rehabilitation. *J of Orthop and Sports Phys Ther*: Vol 36(7) July 2006.

Voight ML, Robinson K, Gill L, Griffin K. Postoperative rehabilitation guidelines for hip arthroscopy in an active population. *Sports health*. May 2010;2(3):222-230.

## **Hip Labral Repair**

### **Outpatient Protocol/Guidelines**

Wahoff M, Dischiavi S, Hodge J, Pharez JD. Rehabilitation after labral repair and femoroacetabular decompression: criteria-based progression through the return to sport phase. *International journal of sports physical therapy*. Nov 2014;9(6):813-826.