Labral Repair Protocol – Hip
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Phase I – Post-op Weeks 1-3

Goals

- Protect integrity of repaired labrum
- Restore ROM within restrictions
- Normalize gait using two crutches
- Prevent muscular inhibition - emphasis on Gluteus Medius and Maximus

Precautions

- Limit hip flexion to 90^{o} for the first 10 days post-op then gradual progression to full ROM
- Stress IR ROM greater than ER ROM
- No supine SLR

Weightbearing Progression without Microfx

- TDWB immediately post-op
- Progress to 50% PWB with two crutches if the following criteria are met
    - Controlled pain
    - Non-antalgic gait pattern
    - Normal pelvofemoral mechanics
- Maintain TDWB for 6 weeks post-op with Microfx

Exercise Program

Week 1

- Ankle Pumps
- Quad Sets, Heel Digs and Glut Sets
- Isometric hip ADD supine with bolster between knees
- Curl-up
- Involved leg standing hip ABD, ADD, extension and flexion (marching) to 90^{o} without resistance
- Stationary bike with minimal resistance and a high seat (90^{o} max hip flexion)
- Passive ROM (emphasize IR)
- Piriformis stretch (supine horizontal ADD)
- Passive supine IR hip roll

Week 2

- Prone resisted hip IR and ER
- Hip ABD and ADD isometrics
- Standing hip IR with knee on stool
- Heel slides
- Quadriped rocking
- Uninvolved knee to chest

- Water walking in chest deep water if incisions are well healed (also gentle standing 4-way hip within ROM limitations)

Week 3

- Sidelying Clams
- Sidelying hip ABD/ADD and prone extension
- Bridge with tubing/belt at knees
- Kneeling hip flexor stretch
- Aquajogging

Phase II – Post-op Weeks 4 – 6

Criteria for progression to Phase II

- Minimal pain with phase I exercises
- 90º of painfree hip flexion
- Minimal ROM limitations with hip internal rotation, extension and abduction
- Normal gait pattern with two crutches 50% weightbearing

Goals

- Protect integrity of repaired labrum
- Restore full functional ROM
- Progressively increase strength
- Normalize gait without assistive device and normal pelvofemoral mechanics

Weightbearing progression without Mircofx

- Progress weightbearing to 75% for 3 to 5 days prior to release to FWB
- Progress FWB if the following criteria are met
    - Controlled pain
    - Non-antalgic gait pattern
    - Normal pelvofemoral mechanics

Exercise Program

- Calf raises
- Mini squats
- Clock steps
- Involved and uninvolved anterior/posterior steps with ball taps
- Single leg balance progressing to airex and rebounder
- Unilateral bridge and bridging with swiss ball
- Side plank
- Aquatic program – flutter kick and swimming with fins

Phase III – Post op Week 7 – 11

Criteria for progression to Phase III

- Pain-free/normal gait pattern
- Hip flexion strength > 60% of the uninvolved side
- Hip ADD, ABD, extension, IR and ER strength > 70% of the uninvolved side

Goals

- Restoration of muscular strength and endurance
- Restoration of cardiovascular endurance
- Optimize neuromuscular control/balance/proprioception

Exercises
- Step ups and step downs
- Closed chain T-band hip internal and external rotation
- Side stepping with T-band or sports cords
- Elliptical and stairclimber
- Walking lunges progressing to walking lunges with trunk rotation
- Mini squat jump with proper landing mechanics

Phase IV – Post of Week 12

Criteria for progression to Phase IV
- Successful progression through Phase III exercises
- Hip strength in all planes > 85% of the uninvolved side

Goals
- Progression to a graduated running program
- Progression to a graduated agilities program
- Return to sport progression

Criteria for progression to a graduated running program
- Step down test > 85% of the uninvolved side
- Demonstrate normal and symmetrical pelvofemoral mechanics with single leg hop test and drop jump
- Satisfactory straight ahead jogging observation

Criteria for progression to a graduated agilities program
- Satisfactory progression to 50% effort running without complaints of pain and symmetrical pelvofemoral mechanics

Criteria for return to sports
- Successful completion of running and agilities programs to 100% effort
- Successful completion of sport specific drills
- Hip strength in all planes equal to the uninvolved side
- Successful completion of the Lower Extremity Functional Capacity Assessment

References

- Byrd TJ. Femoroacetabular Impingement in Athletes, Part I: Cause and Assessment. *SportsHealth.* 2010;2(4):321-333.
- Byrd TJ. Femoroacetabular Impingement in Athletes, Part II: Treatment and Outcomes. *SportsHealth.* 2010;2(5):403-409.
- Philippon MJ, Weiss DR, Kuppersmith DA. Arthroscopic Labral Repair and Treatment of Femoroacetabular Impingement in Professional Hockey Players. *Am. J. Sports Med.* 2010;38:99-104.
- Sampson T. Arthroscopic treatment of femoroacetabular impingement. *Am J Orthop.* 2008;37:608-612.