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## Labral Debridement of the Hip Clinical Protocol

- Progressive WBAT
- ROM limits: Flexion-90° for 10 days to 2 weeks (avoid “pinching” of ant. labrum)
  - Extension, Abduction, IR/ER-no limits
- Primary goals acutely are as follows:
  - Control pain and inflammation
  - Initiate early ROM with respect to ROM limits
  - Protect healing tissue
  - Maintain symmetrical gait pattern

### PHASE I (Motion and Protection; Controlling Pain and Swelling)

#### Week 1-4

- ROM
  - Gentle PROM and Stretching
    - \*Flexion to 90 degrees (for 10 days to 2 weeks)
    - \*PROM all other directions as tolerated.
    - \*Gentle stretching to piriformis, psoas, quadriceps and hamstrings.
    - \*Prone lying for 1-2 hours per day and PROM with emphasis on ER are encouraged to prevent adhesions.
    - \*Contract-relax for IR/ER
    - \*gentle Grade I-II mobilizations and/or long axis traction as necessary
  - Stationary bike
    - \*Begin w/o resistance and progresses over next 4 weeks.
    - \*Seat height that limits hip flexion to less than 90°.
- Modalities
  - TENS units and cryotherapy.
- Aquatic Therapy may begin as soon as incisions are well healed.
  - water cycling/walking
- Protected Strengthening
  - Isometric Contractions (gluteals, quads, hamstrings, add/abductors, core)
  - SLR, heel slides, shuttle (with limited weight)
    - \*caution with hip flexion SLR (may irritate psoas)

## PHASE II (Intermediate Exercise and Continued ROM/Stretching)

### Weeks 5-7

Note: Patient should have at least 3+/5 MMT for gluteus medius as well as have greater than or equal to 75% of hip ROM.

- ROM
  - PROM can become more aggressive for IR/ER as well as mobilizations.
  - Soft tissue flexibility: piriformis, adductors, psoas/rectus femoris.  
\*kneeling hip flexor stretching can begin.
  
- Intermediate Strengthening (emphasize hip and core; pt should be able to dissociate pelvic movements and avoid compensations with other muscles).
  - Bike/Elliptical/Stairclimber/Freestyle swimming
  - 2 legged bridging, 1 legged bridging, tubing sidestep, 1/3 double knee bends, wallsits with band, IR/ER therabands

## PHASE III (Advanced Strengthening/Functional Strengthening)

### Weeks 8-12

Note: Patient must have normal gait with no trendelenburg sign, normal ROM and minimal pain.

- Terminal Stretching and ROM if limits exist
  
- Closed Kinetic Chain
  - Lunges, lunges w/ trunk rotation
  - Bungee cord walking-forward, side, bkwd
  - Core ball stabilization progression
  - Water bounding/plyometrics
  - Golf progression
  - Running progression (week 9)
  - Single plane agility (week 9)

## PHASE IV (Sport Specific Training)

### Weeks 12+

Note: Pt. should have normal ROM and flexibility of psoas and piriformis. No trendelenburg with functional exercises. Frequent reassessment to monitor maintenance of ROM/flexibility.

- Cutting/Agility
  - Z-cuts/W cuts
  - Cariocas/Cone drills
  
- Balance/Proprioception
  - Sport Specific Drills
  - Multiplaner Jumping

- o Advanced Balance Exercises