



Curtis Bush, MD
817-878-5300

Labral Repair of the Hip Protocol

- Flat foot protected WB (<10 lbs pressure) for the first 10-14 days then progressive WBAT
- ROM limits: Flexion: 90° for 10 days to 2 weeks
Extension: 10° x 10 days to 2 weeks
Abduction: 25° x 10 days to 2 weeks
IR/ER: gentle for 3 weeks
- Primary goals acutely are as follows:
 - Control pain and inflammation
 - Initiate early ROM with respect to ROM limits
 - Protect healing tissues

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) while avoiding pinching anteriorly (anterior labrum).
 - *For 10 days to 2 weeks limit PROM of all other directions as stated above.
 - *Gentle stretching to piriformis, psoas, quadriceps and hamstrings as ROM precautions are lifted.
 - *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 jogging with floatation device (must be pain-free)
 - walking in water to improve gait pattern and protect tissue.
- Protected Strengthening
 - Isometric Contractions (gluteals, quads, hamstrings, add/abductors, core)
 - SLR (abd/add/ext), heel slides, uninvolved knee to chest
 - *caution with hip flexion SLR (may irritate psoas)

PHASE II (Intermediate Exercise and Continued ROM/Stretching) Weeks 5-7

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

- 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
 - Free-style swimming at week 5
 - 2 legged bridging, 1 legged bridging, tubing sidestep, 1/3 double knee bends, wallsits with band, IR/ER therabands, shuttle, heel touches.

PHASE III (Advanced Strengthening/Functional Strengthening) Weeks 8-12

Note: Patient must have normal gait with (-) 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
 - Advanced Balance Exercises

- o Functional testing for return to sport at weeks 21-25