



# Arthroscopic Hip Labral Repair +- CAM Resection

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## **PHASE I: Maximum Protection Phase (Weeks 0-3)**

**Goals:** Protect integrity of repair

Restore ROM within protocol limitations

Prevent muscular inhibition

Diminish pain and inflammation

### **PRECAUTIONS:**

- Weight Bearing Restrictions:
  - Week 1: Foot Flat Partial Weight-Bearing with crutches
  - Week 2: Progressive WBAT with crutches
  - Week 3: Gradually progress to full weight bearing as tolerated (wean from crutches)
- Limit hip flexion to 90 degrees (Flexion beyond 90 deg. stresses repair site)
- ER limited to 30 deg (neutral hip) and 20 deg (90 deg hip flexion)
- No Capsular Mobilizations
- Avoid isolated iliopsoas contraction

### **Week 0-2**

- Exercises
  - Ankle Pumps
  - Gluteal Sets
  - Quad sets
  - Heel slides (AAROM)
  - Hamstring sets
  - Adductor isometrics
  - Log rolling (into internal rotation (limit 30 degrees, supine)
  - Pelvic Tilts
  - Prone Knee Flexion
  - Prone on elbows
  - Contralateral single knee to chest stretch
  - Standing 4-way hip (No resistance), uninvolved stance leg only
  - UBE/Upper Body strengthening
- Manual: PROM within limitations, Soft tissue for glutes, psoas, adductor, QL as needed
- Cryotherapy; modalities as needed

### **Week 3**

- Continue previous exercises if applicable
  - Stationary Bike (10 min. if tolerated); No more than 90 degrees of hip flexion
  - Table Bridges
  - Seated Knee Extension
  - Hamstrings curls
  - Hip Abduction isometrics
  - Physioball bridging
- Manual: PROM within protocol limitations, Soft tissue work as needed, Hivamat for post op swelling, visual inspection of incision until fully closed

### **Criteria to progress to Phase II**

- Minimal pain with phase 1 exercises
- 90 degrees of pain free flexion
- Normalize gait with crutches and begin to wean off assistive device

## **PHASE II: Intermediate Phase (Weeks 4-6)**

**Goals:** Protect integrity of repaired tissue

Increase ROM towards normal limits, hold strength progressions if patient is stiff

Normalize gait without crutches

Progressively increase muscle strength

### **Weeks 4-6**

- Exercises
  - Crunches
  - SLR in flexion (small range)
  - Hooklying marches
  - SLR-Abduction/Extension/Adduction
  - Seated hip flexion to 90 degrees (on Physioball)
  - Modified Dead bug (alt UE/LE) to 90 degrees (avoid hip flexor irritation)
  - Front and lateral weight shifts
  - Clamshells (no resistance)
  - ¼ Mini squats
  - Bird dogs (Alt. UE/LE in quadruped)
  - Heel raises
  - 4 way hip
  - SL Table bridge
  - Wall Sits
  - Physioball Mini squats

- Hip hikes
- Alternating March (progress to light resistance)
- Elliptical (6 weeks)
- Forward step ups with 4 in box (6 weeks)
- PROM: Gradually progress ROM as tolerated all planes within pain free range
- Manual: PROM within protocol limitations, Soft tissue work as needed

### **Criteria to progress to Phase III**

- Pain free ROM nearing normal limits
- Normalized gait pattern
- Single Leg balance: >20 sec good hip control

### **PHASE III: Advanced Exercise Phase (Weeks 7-11)**

**Goals:** Restoration of muscular strength and endurance  
Optimize neuromuscular control/balance/proprioception

#### **Weeks 7-11**

- Continue strengthening exercises
  - Clamshells (Add resistance)
  - SLS
  - Physioball bridge and curl
  - Monster walks and side steps
  - Bosu squats
  - Single leg squats (TRX if available)
  - Step Downs
  - Lateral step up (week 8)
  - Lateral cone walks
  - Lunges
  - Single leg dead lifts
  - Leg press
  - Progressive Proprioceptive drills
- Manual: PROM, Soft tissue for glutes, psoas, adductor, QL as needed
- PROM: Progress ROM as tolerated all planes within pain free range

### **Criteria to progress to phase IV**

- ROM 95% compared to contralateral side
- Single leg squat to 45 degrees without compensation
- MMT: 4/5 globally

#### **PHASE IV: Controlled Activity Phase (Weeks 12-16)**

**Goals:** Enhance muscular strength, power and endurance  
Progress functional activities

##### **Weeks 12-16**

- Continue all challenging phase III exercises
- Multiplanar squats or lunges
- Pool running
- Quick Steps (4-6 inch box); Forward, Lateral
- AlterG progression
- Initiate plyometric program; double legged jump-up, double legged jump up and down, advance to single leg then lateral jumps
- Initiate agility drills and sport specific training

#### **PHASE V: Return to Activity Phase (Weeks 16 & Beyond – full, unrestricted activities)**

**Goals:** Progress to sport specific exercises

Patient demonstrates 5/5 strength and exceptional functional movement patterns

Patient shows no avoidance patterns with reactionary drills on surgical side

Return to sport around 6 months per MD discretion

- Exercises:
  - Continue to progress strengthening and plyometric program as able
  - Progress agility training, cutting/pivoting and sports specific training at 5 months and return to sport at 6 months
  - Double leg plyos prior to single leg
  - Acceleration work prior to deceleration work
  - Straight line movements prior to lateral cutting
  - Last progression should be single leg rebounding and reactionary drills
  - Be sure to look for any surgical leg avoidance with reactionary drills such as cutting/stopping/starting

##### **Criteria for discharge:**

- Patient demonstrates 5/5 strength with MMT
- Patient has good functional movement patterns
- Passes return to sport testing (if available)
- Demonstrates good understanding of return to sport progression
- MD follow up required for release to return to sports participation.