

# Sheena Black, MD

Orthopedic Surgeon  
Sports Medicine Specialist



www.sheenablackmd.com

## HIP ARTHROSCOPY REHABILITATION – LABRAL REPAIR

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<p><b>Weeks 0-2</b> PT 2x/week HEP daily</p>	<p>Edema and pain control Protect surgical repair</p> <p>Avoid hip flexor tendonitis, trochanteric bursitis, synovitis</p> <p>Manage scar around portal sites</p> <p>Increased ROM focusing on flexion, careful of ER and aggressive extension</p>	<p><b>Foot flat WB with assisted device x 2 weeks *</b></p> <p><b>NO EXTERNAL ROTATION</b> &gt; 20 degrees (2 weeks) <b>NO HYPEREXTENSION</b> (4 weeks)</p> <p>Hip PROM as tolerated with ER limitation</p> <p>Hip Isometrics – <b>NO FLEXION</b> (Abduction, adduction, extension, ER)</p>	<ul style="list-style-type: none"> <li>- CPM for 4 hours/day (if appropriate) <ul style="list-style-type: none"> <li>o 0-70° (advance to 0-90° as tolerated)</li> </ul> </li> <li>- Bike for 20 minutes/day (can be 2x/day)</li> <li>- Scar massage</li> <li>- Supine hip log rolling for IR/ER</li> <li>- Progress with ROM <ul style="list-style-type: none"> <li>o Introduce stool rotations/ prone rotations</li> </ul> </li> <li>- Pelvic tilts</li> <li>- Supine bridges</li> <li>- NMES to quads with SAQ (short arc quads) with pelvic tilt</li> <li>- Quadruped rocking for hip flexion</li> <li>- Sustained stretching for psoas with cryotherapy (2 pillows under hips)</li> <li>- Gait training PWB with assistive device</li> <li>- Modalities</li> </ul>
<p><b>Weeks 2-4</b> PT 2x/week HEP daily</p>	<p>Pain control Protect surgical repair</p> <p>Continue with previous therex</p> <p><b>Avoid hip flexor tendonitis, trochanteric bursitis, synovitis</b></p> <p>Manage scar around portal sites</p> <p>Increased ROM focusing on flexion, careful of ER and aggressive extension</p>	<p>Progress weight bearing *</p> <p>Week 3-4: wean off crutches (2→1→0) if gait is normalized</p> <p><b>NO HYPEREXTENSION</b> (4 weeks)</p> <p>Progress with hip ROM</p>	<ul style="list-style-type: none"> <li>- Bent knee fall outs (week 4)</li> <li>- Stool/prone rotations for ER</li> <li>- Stool stretch for hip flexors and adductors</li> <li>- Glute/piriformis stretch</li> <li>- Progress core strengthening (AVOID hip flexor tendinitis)</li> <li>- Progress hip strengthening – isotonic all directions except flexion <ul style="list-style-type: none"> <li>o Start isometric sub max pain free hip flexion (3-4 weeks)</li> </ul> </li> <li>- Step downs</li> <li>- Clam shells → isometric side-lying hip abduction</li> <li>- Hip hiking (week 4)</li> <li>- Begin proprioception/ balance training <ul style="list-style-type: none"> <li>o Balance boards</li> <li>o Single leg stance</li> </ul> </li> <li>- Bike/ Elliptical - progress time resistance</li> <li>- Scar massage</li> <li>- Bilateral Cable column rotations (week 4)</li> <li>- Aqua therapy in low end of water if available</li> </ul>
<p><b>Weeks 4-8</b> PT 2x/week HEP daily</p>	<p>Continue with previous therex</p> <p><b>Avoid hip flexor tendonitis, trochanteric bursitis, synovitis</b></p>	<p>Progress with hip ROM</p> <p>Normalize gait *</p>	<ul style="list-style-type: none"> <li>- Elliptical</li> <li>- Hip ROM <ul style="list-style-type: none"> <li>o Standing BAPS rotations</li> <li>o Prone hip rotation ER/IR</li> <li>o ER with FABER</li> </ul> </li> </ul>

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<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
	<p>Manage scar around portal sites</p> <p>Increased ROM focusing on flexion, careful of ER and aggressive extension</p>		<ul style="list-style-type: none"><li>○ Hip joint mobs with mobilization belt into limited joint range of motion ONLY IF NECESSARY<ul style="list-style-type: none"><li>- Lateral and inferior with rotation</li><li>- Prone posterior-anterior glides with rotation</li></ul></li><li>○ Hip flexor, glute/piriformis, IT band stretching – manual and self</li><li>- Progress strengthening LE<ul style="list-style-type: none"><li>○ Introduce hip flexion isotonic (AVOID hip flexor tendonitis)</li><li>○ Multi-hip machine (open/closed chain)</li><li>○ Leg press (bilateral → unilateral)</li><li>○ Isokinetics: knee flex/ext</li></ul></li><li>- Progress core strengthening: prone/ side planks (AVOID hip flexor tendinitis)</li><li>- Progress proprioception/ balance: bilateral → unilateral → foam → dynadisc</li><li>- Progress cable column rotations: unilateral → foam</li><li>- Side stepping with theraband</li><li>- Hip hiking on stairmaster</li><li>- Treadmill side stepping from level surface holding on → inclines (week 4) when good gluteus medius lateral</li></ul>
<p><b>Weeks 8-12</b> PT 2-3x/week HEP daily</p>	<p>Continue with previous therex</p> <p>Avoid hip flexor tendonitis, trochanteric bursitis, synovitis</p>	<p>Progress hip ROM</p>	<ul style="list-style-type: none"><li>- Progressive hip ROM</li><li>- Progressive LE and core strengthening</li><li>- Endurance activities around hip</li><li>- Dynamic balance activities</li><li>- Light plyometrics</li><li>- Active release therapy</li></ul>
<p><b>Weeks 12-16</b> PT 1-2x/week HEP daily</p>	<p>Continue with previous therex</p>		<ul style="list-style-type: none"><li>- Progressive LE and core strengthening</li><li>- Plyometrics</li><li>- Treadmill running program</li><li>- Sport specific agility drills</li></ul>

**IF QUESTIONS: PLEASE CALL 469-800-7200**