

Hip Arthroscopy Protocol (2)

Labral Repair, Osteoplasty, With Micro-fracture

- A. 0-3 weeks post-op (Maximum Protection and Mobility Phase)
 - 1. Gait: 20 lb. foot flat gait with appropriate AD
 - 2. ROM Restrictions
 - a. Flex 90°
 - b. Abd 45°
 - 3. Frequent cryotherapy and modalities as indicated
 - 4. Exercise
 - a. Avoid OKC hip flexion work and OKC quad work X 6 weeks post-op
 - b. Restoring ER ("Fig 4" position), maintains anterior capsular laxity...critical to good outcome. Start at 2 weeks post-op.
 - c. Frequent passive hip circumduction (pendulums) work
 - d. ROM and flexibility work within restrictions
 - e. LE and core isometrics
 - f. Light but progressive OKC hip abduction and extension work
 - g. Core/trunk strength and stabilization work
 - h. Non-impact cardio, non-resisted stationary bike

- B. 3-6 weeks post-op (Controlled Stability and Early Strength Phase)
 - 1. Gait: Maintain 20 lb. foot flat gait with appropriate AD
 - 2. Restrictions
 - a. ROM is to tolerance now in all planes
 - b. NO resisted hip flexion/lunges > 90° hip flexion
 - c. NO OKC quad or hip flexion work X 6 weeks post-op
 - 3. Continue cryotherapy and modalities as indicated
 - 4. Exercise
 - a. Continue ER ("Fig 4" position) stretching
 - b. Progressive trunk and core work
 - c. Progressive non-impact, non-WB cardio

- B. 6-12 weeks post-op (WB phase and progressive strength phase)
 - 1. Gait: Slow wean from AD with gradual increase of WBAT
 - 2. Exercise
 - a. Progressive OKC, CKC, Balance/Proprioceptive, Gait work
 - b. Progressive non-impact, but WB cardio (i.e. Elliptical)

- C. 12-16 weeks post-op (Early Sport Specific Progression)
 - 1. Interval jog to run progression
 - 2. Progressive agility work
 - 3. Light but progressive jumping, hopping, and plyometric work
 - 4. Sport specific streamlining