



HIP ARTHROSCOPY – LABRAL REPAIR
WITH SUBCHONDROPLASTY, MICROFRACTURE, OR CORE DECOMPRESSION
Post-Operative Protocol

Phase I – Maximum Protection

Weeks 0 to 6:

- Toe-touch weightbearing for 6 weeks
- CPM 4 to 6 hours per day or as tolerated – Microfracture only
- Lie on stomach 2 or more hours per day

Range of motion restrictions for 3 weeks

- Flexion 0° to 90° for 2 weeks and progressing to 120° by week 3
- Extension 0°
- External rotation 0°
- Internal rotation - no limits, work for full range
- Abduction 0° to 45°

Manual therapy

- Scar mobilization once incisions are closed
- STM to quad, ITB, hip flexors, glutes, hip adductors/abductors/rotators
- Work on range of motion per limitations until day 21.
 - Progress as tolerated after day 21.

Exercise progression (POD 1 to 7)

- Stationary bike with no resistance: immediately as tolerated
- Glute, quadriceps, hamstring isometrics, abduction, adduction (2x per day): immediately as tolerated
- Hip PROM (2x/day) flexion, abduction, and IR supine at 90° and prone at 0°
- Hip circumduction

Exercise progression (POD 8 to 21)

- Hip isometrics IR/ER (2x/day)
- Initiate basic core: pelvic tilting, TVA and breathing re-education

Exercise progression (POD 21 to Week 6)

- Non-weightbearing strength during this phase
- Begin working on ER at 90° and 0°, FABER range of motion as tolerated
- Standing abduction/adduction/extension/flexion - full weightbearing on uninvolved side only
- Supine dead bug series
- Introduce basic core program
- Sidelying hip abduction
- Quadruped hip extension series
- Week 5: may begin quadruped rocking for flexion range of motion

Criteria for progression to Phase 2:

- Mobility within limitations
- Early restoration of neuromuscular control and non-weight bearing strengthening
- Normal patellar mobility

Phase II – Progressive Stretching and Early Strengthening

Weeks 6 to 9:

Goals

- Wean off crutches (over 7 to 10 days)
- Normal gait
- Normal single limb stance
- Full range of motion
- Improve lower extremity muscle activation, strength and endurance

Manual therapy

- Scar mobilization
- STM to quad, ITB, hip flexors, glutes, hip adductors/abductors/rotators
- Continue work on range of motion (FABER, flexion, abduction, IR, ER)

Exercise progression (as tolerated)

- Bridging double and single
- Supine dead bug series
- Sidelying hip abduction
- Quadruped hip extension series
- Standing open and closed chain multi-plane hip
- Standing internal/external rotation strengthening (use stool)
- Step-up progression
- Squat progression
- Heel raises
- Stationary biking
- Deep water pool program when incisions are completely healed
- Stretching: quadriceps, piriformis and hamstrings

Criteria for Progression to Phase 3:

- Hip abduction strength 4/5
- Flexion, ER and IR range of motion within normal limits
- 50% FABER range of motion compared to uninvolved side
- Normal gait
- No Trendelenberg with single leg stance/descending stairs
- Normal bilateral squat

Phase III – Advanced Strengthening and Endurance Training

Weeks 9 to 16:

Please do not discharge patient prior to 3 months without approval from Dr. Mullen/Schroepfel

Manual therapy

- STM as needed - particularly glutes, adductors, hip flexors, abductors
- Gentle joint mobilizations as needed for patients lacking ER or FABER range of motion
- May begin trigger point dry needling for glutes, quads, adductors
 - No hip flexor tendon until week 8.
- Assess FMA and begin to address movement dysfunctions

Exercise progression

- Continue with muscle activation series (quadruped or straight leg series)
- Introduce movement series to increase proprioception, balance, and functional flexibility
- Progress core program as appropriate

- Advanced glute and posterior chain strengthening
- Leg press and leg curl
- Squat progression (double to single leg - add load as tolerated)
- Lunge progression
- Step-up progression
- Walking program
- Week 10-12
 - Outdoor biking
 - Swimming: breast stroke kick
 - Shallow water pool running program - 75% unloaded

Criteria for progression to Phase 4:

- 12 weeks post-op
- Hip abduction and extension strength 5/5
- Single leg squat symmetrical with uninvolved side
- Full range of motion
- No impingement with range of motion

Phase IV – Return to Sport Program

Weeks 16 to 24:

- May begin elliptical and stair climber at 16 weeks
- May begin return to run program if phase 4 criteria are met

Exercise progression

- Maintain muscle activation series, trunk, hip and lower extremity strength and flexibility program
- Introduce and progress plyometric program
- Begin ladder drills and multidirectional movement
- Begin interval running program
- Field/court sports specific drills in controlled environment
- Pass sports test
- Non-contact drills and scrimmaging – must have passed functional hip test - refer to specific return to sport program
- Return to full activity – per physician and therapist

Revised 2022