Arthroscopic Hip Labral Repair +/- Femoroacetabular Osteochondroplasty Protocol

Michael Chiu, MD
Illinois Bone and Joint Institute
Phone: (847)870-6100
Fax: (847)870-8159

General guidelines:
No active ER for 4 weeks; and progress out of the brace by 4 weeks
Normalize gait pattern with crutches
Weight-bearing as per procedure performed (unless otherwise noted assume):
- **20 lbs Flatfoot weight bearing (FFWB) x 3 weeks for Labral Repair +/ osteochondroplasty, and progress to FWB without pain thereafter**
- WBAT for debridement, but start on crutches POD#1

Stationary bike 1 hour/day if available
Avoid deep flexion/IR x 6-8 weeks
Manage scarring around portal sites
Increase ROM focusing on flexion, careful of ER and aggressive extension

If Iliopsoas is also lengthened/released, this protocol takes precedence:
Hold off on resisted or repetitive hip flex and adduction x 6 weeks
At 6 weeks start elliptical, band walking, and one-leg strength/stability exercises
At 3 months jogging program, plyometrics, and sport-specific
Avoid flex internal rotation, start eccentric strengthening of hip flexors at 6 weeks.

Post-Op Weeks 0-2:
-NO EXTERNAL ROTATION > 20 DEGREES, NO HIP FLEXION BEYOND 80 DEGREES
-Stationary bike for 1 hours/day (may split to 2x/day)
-Scar massage
-Gentle hip PROM as tolerated following restrictions; Supine hip log rolling for IR; Progress with ROM: Introduce stool rotations (AAROM hip IR); Hip isometrics, Abduction, adduction, extension, ER: Pelvic tilts; Stool rotations for IR; Supine bridges; NMES to quads with SAQ; Quadruped rocking for hip flexion; Sustained stretching for psoas with cryotherapy (2 pillows under hips); Gait training TDWB or PWB with assistive devices if allowed; Modalities

Post-Op Weeks 3-4:
-Continue previous therapy
-Progress Weight-bearing during this period if FAI surgery, without pain
-Progress with hip ROM; Bent-knee fallouts (week 4); Stool rotations for ER (week 3-4); Glute / piriformis stretch
-Progress core strengthening (avoid hip flexor tendinitis); Progress with hip strengthening – isotonics all directions except flexion; Start isometric sub max pain free hip flexion (3-4 weeks); Step downs; Clam shells / isometric side-lying hip abduction; Hip hiking (week 4)

-Begin proprioception / balance training; Balance boards, single leg stance; Bike / elliptical; Scar massage; Bilateral cable column rotations (week 4); Treadmill side stepping from level surface holding on (week 4)

Post-Op Weeks 4-8:
-Continue with previous therapy
-Aqua therapy in low end of water at 4 weeks
-Progress with ROM; Standing BAPS rotation; ER with FABER; Hip joint mobs with mobilization belt (Lateral and inferior with rotation; Prone posterior-anterior glides with rotation); Manual and self-stretching – Hip flexor, glute / piriformis, ITB
-Progress strengthening LE; Introduce hip flexion isotonics (Be aware of hip flexion tendinitis); Multi-hip machine (open / closed chain); Leg press (bilateral / unilateral); Isokinetics: knee flex / ext; Progress core strengthening (avoid hip flexor tendinitis); Prone / side planks
-Progress with proprioception and balance (Bilateral, unilateral, foam, dynadisc); Progress cable column rotations – unilateral / foam; Side-stepping with Theraband; Hip hiking on Stairmaster

Post-Op Weeks 8-12:
Progress with hip ROM; Progress with LE and core strengthening; Endurance activities around the hip; Dynamic balance activities

Post-Op Weeks 12-16:
Progress with LE and core strength; Plyometrics; Treadmill running program; Sport specific agility drills

3 / 6 / 12 Month Re-evaluations (Criteria for discharge):
Hip outcome score (questionnaire)
Pain free or at least manageable level of discomfort
MMT with 10% of contralateral LE
Biodex test of quadriceps and hamstrings peak torque (within 15% of contralateral)
Single leg cross-over triple hop for distance (Score less than 85% considered abnormal)
Step down test