



Patient Name: _____

Date: _____

Patient DOB: _____

HIP ARTHROSCOPY: LABRAL REPAIR/OSTEOPLASTY/MICROFRACTURE PHYSICAL THERAPY PROTOCOL

Visits: _____ Frequency: _____/week Duration: _____ weeks

Evaluate and treat Home program

Post-Operative Period

0 to 2 Weeks:

- 1. 1 to 2 visits per week, 5 times a week home program
2. Stationary bicycle, no resistance, keep seat high enough to avoid painful hip flexion, 20 minutes 5 times a week
3. Gluteal sets, quad sets, heel slides, calf pumps
4. Passive ROM of hip (avoid external rotation, emphasize internal rotation)
5. Isometric strengthening - Transverse abdominus, hip abduction/adduction
6. Uninvolved knee to chest, Piriformis stretching with hip horizontal adduction (NO EXTERNAL ROTATION)
7. Double and single leg balance with eyes open and eyes closed
8. Supine hip roll IR, standing hip IR (stool), quadruped rocking
9. Cryotherapy program, 3 to 5 times a day, 30 minutes each after exercises
10. Continue crutches 30% weight-bearing on involved lower extremity.
11. Avoid internal and external rotation in 90 degrees of hip flexion

2 to 6 Weeks:

- 1. 2 to 3 visits per week, 5 times a week home program
2. Continue all exercises in previous phase (as described above)
3. Add light resistance to stationary bike - lower seat as increased ROM allows
4. Start weaning crutches beginning at 2 weeks. Begin by advancing weight-bearing to 50% for 1/2 week, then 75% for the remaining 1/2 week, then go to 100% while using crutches for 1/2 week. Emphasis should be full weight-bearing without crutches 2 weeks after beginning wean with NO LIMP. If needed, one crutch (in opposite arm) or a cane can be used to transition to a normal gait.
5. Straight leg raises [supine, prone, lateral (affected side down and up)]
6. Side-lying clams and bent knee fall outs, short lever hip flexion (seated)
7. Water/pool work may begin to include:
a. Walking
b. Jogging (chest-high water)
c. Swim with pole buoy
8. Crutches should be weaned off by the end of this stage, and gain should be normal - if not, contact Dr. Skelley.

6 weeks to 3 Months:

- 1. 2 to 3 visits per week, 5 times a week home program.

2. Continue all exercises in previous phase (as described above)
3. Kneeling hip flexor stretch, manual long axis distraction, manual A/P mobs, double 1/3 knee bends, cord resisted standing double leg internal and external rotation
4. Add to water/pool work swimming with fins, bounding/plyometrics
5. Increase resistance to stationary bike – lower seat as ROM increases
6. Begin seated rowing, elliptical, and/or stair climber
7. Begin exercises including mini-squats and wall slide mini-squats
8. Toe raises with weights, step-ups (begin with 2 inches and progress to a full step)
9. Trunk strength
 - a. Transverse abdominus
 - b. Side supports
 - c. Trunk and low back stabilizers
10. ROM should be normal by the end of this stage – if not, contact Dr. Skelley

3 to 4 Months:

1. 2 to 3 visits per week, 3 to 5 times a week home program. May need physical therapy supervision for functional training
2. Continue all exercises in previous phase (as described above)
3. Dynadisc, advanced bridging (swiss ball, single leg), side supports, cord resisted single leg standing internal/external rotations, skaters/side stepping [Pilates or slideboard, single knee bends (lateral step downs), single leg windmills, lunges, side to side lateral agility, forward or backward running with a cord
4. Focus rehabilitation towards more closed-chain exercises including leg presses, step-ups, mini-squats, and hamstring curls with light weights, high repetitions. Repetitions should be smooth and slow and NOT explosive. May begin jump rope exercises
5. Begin slow jogging on even ground (avoid treadmill and no cutting, jumping or pivoting)

4 to 6 Months:

1. 2 to 3 visits per week, 3 to 5 times a week home program. May need physical therapy supervision for functional training
2. Continue all exercises in previous phase (as described above)
3. Begin advanced strengthening with weights including leg presses, squats, leg curls, and lunges
4. Initiate plyometric program as appropriate for patient's functional goals
5. May begin functional training exercises including fast straight running, backward running, cutting, cross-overs, carioca, etc.
6. Begin gradual return to previous sport/activities/work duties under controlled conditions
7. Full return to sports/activities/full work duties are pending Dr. Skelley's approval based upon the following criteria:

Criteria for Return to Sports/Full Activities:

1. Normal muscle strength in the involved lower extremity
2. Jog and full speed run without a limp
3. Full range of motion
4. Satisfactory clinical examination

Nathan Wm. Skelley, MD

Date