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Hip Labral Repair

OVERVIEW:

PROTECT HEALING TISSUE X 3 MONTHS

HIP BRACE X 2 WEEKS

NO ACTIVE LEG LIFTING X 3 WEEKS

20% WEIGHT BEARING X 3 WEEKS (with foot flat WB pattern when walking!)

ROM RESTRICTIONS X 3 WEEKS (ABDUCTION TO 45 DEG, NO EXTENSION >0, NO ER)

NO TREADMILL USE X 12 WEEKS

****THIS PROTOCOL IS NON-LINEAR. PLEASE USE CLINICAL JUDGEMENT AND TAILOR TO EACH PATIENT'S NEEDS****

PHASE I:

Hip brace with ambulation x 2 WEEKS, 20# Weight bearing with foot flat pattern during walking x 3 WEEKS, avoid hip flexor irritation, PROM and AROM exercises within limitations, isometric strength gains to focus on muscle firing patterns, encourage prone lying 2-3 hours a day

PHASE II:

Wean from crutches, normalize gait pattern, restore full AROM and PROM gradually, initiate closed chain exercises and weight shifting exercises

PHASE III:

Begin resisted biking, progress strengthening exercises from double to single leg, focus on return to prior activities without pain or irritation, progress lower extremity strength and endurance

****Patients returning to sport activities must pass "SPORT TEST" before progressing to Phase IV****

PHASE IV:

Begin return to running program; functional strengthening and agility; return to sport exercises

HOME PROGRAM:

Continue through 1 year

PROGRESSION OF ACTIVITIES:

SHOWERING/BATHING:

Wait until first post-operative appointment with physician. Afterwards you may gently wash area of wound and apply fresh dressing until sutures are removed.

CRUTCHES:

20% weight bearing with foot flat walking pattern x 3 WEEKS, then progress to FWB as tolerated

HIP BRACE:

Wear hip brace while ambulating x 2 WEEKS

DRIVING:

Avoid driving until you are no longer taking narcotic pain medication, are able to actively lift leg (around 3 WEEKS) and have the necessary limb control to perform all driving tasks.

AQUA THERAPY:

May begin once incisions have healed or when cleared by physician.

RUNNING:

Wait until 3 months before beginning running progression or until cleared by physician.

Phase I: Weeks 0-3

GOALS:

Protect repair

AVOID HIP FLEXOR IRRITATION (no sitting 90 deg hip flexion, avoid actively lifting leg, not properly activating deep core muscles, etc.)

Control and decrease pain, inflammation, swelling, or effusion

Avoid adhesion formation with passive motion and soft tissue mobilization

HIP BRACE X 2 WEEKS

20% WEIGHT BEARING WITH FOOT FLAT GAIT PATTERN X 3 WEEKS

ROM RESTRICTIONS X 3 WEEKS (ABDUCTION TO 45 DEG, NO EXTENSION >0,

NO ER)

A theraband circle around the feet can reduce ER past neutral at rest

INITIAL EXERCISES(CAN START BIKE POST Op Day #1 and begin Quad Stim POD #4)

Stationary bike (no resistance, seat high, NO RECUMBENT BIKE)

Log rolls

Hip Circumductions

Soft tissue mobilizations

Seated or long sitting hamstring stretch

Isometrics (focus on TA/obliques/multifidi prior to all. Also special focus on gluteals and abductors)

Prone lying 2-3 hours a day

WEEK 2 EXERCISES:

Continue all week 1 exercises

Quadruped Cat and Camel

Standing abduction with IR

Quadruped Rockback (with slight posterior pelvic tilt)

Quadruped hip extensions (within motion limitations, being careful when approaching full EXT in the presence of core weakness)

Quadruped bird dogs (if demonstrating appropriate muscle firing patterns)

WEEK 3 EXERCISES:

Continue all week 1 and 2 exercises

Double leg bridges

Stool rotations (WITHIN ROM RESTRICTIONS)

Physioball Rollouts
CRITERIA TO PROGRESS:
Well-controlled postoperative pain
No frontal/sagittal plane deviations of hip and pelvis when ambulating
Physician Clearance

Phase II: Weeks 3-6

GOALS:
Protect repair
Wean from crutches
Normalize gait pattern
Initiate closed chain and weight shift exercises
Continue with Phase 1 exercises as appropriate

WEEK 4 EXERCISES:
Wean from crutches
Stationary bike (no resistance, seat high, NO RECUMBENT BIKE)
Double leg bridges with abduction
½ kneeling weight shifts
½ kneeling single arm row/single arm extension (with sport cord or Theraband)
Standing hip abduction isometrics (against wall or foam roller)
Hip Hikes (off edge of step)

WEEK 5 EXERCISES:
Sidelying clam shells (pain free ROM, add/progress TB resistance according to firing pattern)
Standing lateral and forward/backward weight shifts
Single leg stance and balance progression
Quadruped Fire hydrant
½ kneeling upper body lifts/chops with sport cord (NO torso or hip rotation)
Double leg ¼ squats
Forward Step-ups

WEEK 6 EXERCISES:
Forward shift to Romanian Dead Lift
Modified prone plank (knees to elbows)
Therapy ball hamstring curls
Side Step-ups
Split Lunge
Y Balance Reaching

CRITERIA TO PROGRESS:
Discontinued use of crutches and no gait deviations
Minimal pain following activities
Physician Clearance

Phase III: Weeks 7-12

GOALS:
Prevent compensation due to fatigue
Begin resisted biking
Progress strengthening exercises from double to single leg
Focus on return to prior activities without pain or irritation
Progress lower extremity strength and endurance

EXERCISES:

Continue all appropriate exercises from Phase II (PT will instruct)
Bridge with alternating knee extensions (progress to SL Bridge when appropriate)
Half Prone Plank/Pillar bridge (progress to full/bosu when appropriate)
Side Stepping in squat/athletic position (progress to TB)
Double leg body weight squats
Single leg ¼ squat
Forward/Lateral/Reverse Lunges
Side Plank
Resisted stool rotations (begin WEEK 8)

CARDIOVASCULAR EXERCISES:

Elliptical Trainer (start with 5 minutes, increase 5 minutes each week)
Resisted Biking

CRITERIA TO PROGRESS:

No pain with ADLs
Normal Gait Pattern

****Patients returning to sport activities must pass "SPORT TEST" before progressing to Phase IV****

Phase IV: Months 3-6

GOALS:

No complaints of pain or weakness
Running Progression
Safe return to sport or patient's functional activities
Maintenance of strength, endurance, and proprioception
Patient education with regards to any possible limitations

EXERCISES:

Balance Squats with rotations
Retro Walking with resistance band
Lunge with trunk rotations (with sport cord or Physioball)
Begin running progression and single plane agilities
Quick Feet
Backpedaling
Side Shuffles
Double leg Plyos (i.e., broad jumps, 4-square hops, A and D skips)
Sport Specific Exercises
Begin advanced/multi directional agilities (not before WEEK 16)
Z and W cuts
Cariocas
Transition to single leg plyos
Maintenance program for strength, endurance, and proprioception