



## HIP LABRAL REPAIR

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises/Interventions</u>
<b>Weeks 0-2</b> <b>1-2x/ week</b> <b>HEP daily</b>	Protect incisions/repair  Minimize pain  Restore functional ROM within parameters  Normalize gait mechanics within parameters	PWB 50% with crutches and flat foot  No hip ER >20° No hip flexion >90° No hip ABD >45°  No resisted hip flexion or SLR  Avoid painful ROM Avoid combined hip flex/ER and hip flex/IR	Upright bike, no resistance, 20 min/day (up to 2x per day) ROM as tolerated within parameters Hip isometrics (no flexion) Pelvic tilts Diaphragmatic breathing and TrA isometrics Supine bridge Supine hip log rolling Sustained psoas stretching with cryotherapy NMES to quad with short arc quad Scar massage Gait mechanics, step negotiation with crutches
<b>Weeks 2-4</b> <b>2x/ week</b> <b>HEP daily</b>	Continue with previous  Normalize gait and wean from crutches  Progress hip ROM  Progress core strength  Progress hip strength	Week 2: WBAT with crutches  Week 3-4: wean crutches (2>1>0)  Avoid heavy hip flexor strengthening (SLR)	Progress time/resistance on bike Progressive gait training within parameters Progress ROM within tolerance Gluteal/piriformis stretching Progress core strengthening Step downs Clamshell Hip hiking Proprioception/balance board Bilateral cable column rotations
<b>Weeks 4-8</b> <b>2x/ week</b> <b>HEP daily</b>	Continue with previous  Normalize ROM  Progress LE and core strength  Progress balance  Pain free hip flexion	WBAT  Avoid heavy hip flexor strengthening (SLR)	Introduce elliptical Prone hip rotation ROM Hip flexor/glute/piriformis/ITB stretching Isotonic hip flexion exercises Leg press (bilateral>unilateral) Plank variations Unilateral balance activities and foam Lateral step band walks Reciprocal stair climbing STM for hip flexors as needed
<b>Weeks 8-12</b> <b>1x/ week</b> <b>HEP daily</b>	Progress hip flexor strengthening  Good dynamic balance  Progress cardiovascular endurance	Avoid painful hip flexor strengthening exercises	SLR Forward/Backward band walks Dynamic balance activities (bilateral) Triplanar stepping Progress time/resistance on bike/elliptical
<b>Weeks 12-16</b> <b>1x/ week</b> <b>HEP daily</b>	LE strength 4 out of 5 or greater  Progress agility	Avoid painful activities	Unilateral dynamic balance Hopping/jumping Jogging Agility drills

### Concomitant Procedures

#### With Acetabuloplasty

- Weeks 1-4: Avoid combined hip flex/ER and hip flex/IR

## Physician-Specific

### **Typical Schedule of follow-up visits with physician after surgery:**

post op 2 weeks, 6 weeks, 3 months, 6 months, additional follow ups as needed.

### **Weight bearing:**

Partial weight bearing at 50% for 2 weeks, then progress to WBAT

### **Dressings:**

Incision bandage typically removed 2-3 days post op followed by bandaids placed over the stitches.

Wound should be kept clean and dry until sutures are removed in office, likely at 2 week follow up appointment.