Hip Arthroscopy Labral Reconstruction Post-Operative Rehabilitation Protocol

0-1 Week Post-Op:

Weight Bearing Status:

- **TTWB (20%)** with brace and crutches for 4 weeks.
- Provide instructions for safe ambulation and stair navigation using crutches.

Suggested Therapeutic Exercises:

- **Stationary Bike (Upright, no resistance):** 20 minutes daily.
- **CPM (Continuous Passive Motion) Machine:** 4 hours/day, can decrease to 3 hours/day if using the bike.
- **PROM (Passive Range of Motion):** Begin with circumduction, abduction, and log rolls. 20 minutes, 2 times per day.
- Provide family/caregiver instructions for assistance with exercises and therapy.
- **Prone Lying:** 2-3 hours per day.
- **Isometric Exercises:**
    - Quad sets, glute sets, and transversus abdominis (TA) activation. Hold for 5 seconds, repeat 20 times for 2 sessions per day.
- **Post-Operative Brace Instructions:**
    - Wear the brace at all times during ambulation.
    - Can use the brace or an abduction pillow for sleep during the first 2 weeks.
    - Goal: Protect the joint and avoid irritation.

Post-Op Treatment Plan (PTP) Notes:

- Goal is symmetrical range of motion (ROM) by 6-8 weeks.
- **Avoid active open-chain hip flexor activation** during this phase.
- Emphasize proximal control in all exercises.

1-3 Weeks Post-Op:

Manual Therapy:

- Manual therapy sessions: 20-30 minutes each.
- **Soft Tissue Mobilization:** Focus on adductors, TFL, QL, and inguinal ligament for 20-30 minutes per session.
- **Isometric Exercises:** Continue with quad sets, glute sets, and TA activation.
- **Core Stability:** Diaphragmatic breathing exercises to promote core control.
- **Quadruped Positioning:** Rocking, pelvic tilts, and arm lifts.
- **Anterior Capsule Stretching:** Figure 4 stretch with surgical leg off the table.
- **Clamshells/Reverse Clamshells:** Week 1-3.
- **TA Activation with Bent Knee Fall-Outs:** Week 1-3.
- **Bridging Progression:** 5x/week (week 2-6).
- **Prone Hip ER/IR and Hamstring Curls:** 5x/week (week 2-6).

Weight Bearing Status:

- Continue **TTWB (20%)** and use the brace until 4 weeks post-op.
- If micro-fracture, core decompression, or subchondroplasty was performed, begin **WBAT** progression at 6 weeks post-op.

Post-Op Treatment Plan (PTP) Notes:

- Goal: Develop a non-compensatory gait and progressively improve ambulation.
- Gradually reduce crutches/brace use based on tolerance and avoid compensatory patterns.
- Progress exercises based on the patient's control of previous exercises.
- **Micro-fracture/core decompression or subchondroplasty:** Delay weightbearing activities until 6 weeks.

3-8 Weeks Post-Op:

Suggested Therapeutic Exercises:

- **Stationary Bike:** Continue 20 minutes, increase duration as tolerated after week 3.
- **Soft Tissue Mobilization:** 20-30 minutes per session, focusing on specific restrictions.
- **Anterior Capsule Stretches:** Continue figure 4 stretch with the surgical leg off the table.
- **Bridging Progression:** Continue 5x/week (week 2-6).
- **Prone Hip ER/IR and Hamstring Curls:** Continue 5x/week (week 2-6).
- **Prone Hip Extension:** Begin 5x/week (week 3-5).
- **Core and Shoulder Girdle Strengthening:** Tall kneeling and ½ kneeling exercises 5x/week (week 4-6).
- **Standing Weight Shifts:** Side-to-side and anterior-to-posterior 5x/week (week 4-5).

- **Backward and Lateral Walking (no resistance):** 5x/week (week 5-6).
- **Standing Double Leg Knee Bends:** 5x/week (week 5-6).
- **Double Leg Squats:** Progress to 5x/week (week 8-10).
- **Forward Step-ups:** 5x/week (week 6-10).
- **Modified Planks and Side Planks:** 5x/week (week 6-10).
- **Elliptical:** Begin 3 minutes at 6 weeks, progress as tolerated.

Joint Mobilizations:

- **Posterior/Inferior Glides:** 2x/week (week 6-10).
- **Anterior Glides:** 2x/week (week 7-10).

Weight Bearing Status:

- Start **WBAT (Weight Bearing as Tolerated)** progression at 4 weeks post-op.
- Gradually progress from **TTWB** to **PWB** (Partial Weight Bearing) at 30%, then 50%, and eventually full weight-bearing under PT guidance.
- Crutches should be discontinued by 3 weeks post-op, and the brace may also be discontinued at that time.
- **Micro-fracture/core decompression or subchondroplasty:** Weight bearing progression starts at 6 weeks.

Post-Op Treatment Plan (PTP) Notes:

- Focus on functional exercises in all planes of motion.
- Progress exercises based on control demonstrated in previous exercises.
- The rehab process may take longer for patients with higher functional demands.

8-16 Weeks and Beyond (Return to Sport Phase):

Suggested Therapeutic Exercises:

- Continue **soft tissue mobilizations** as needed.
- **Lunges** (forward, lateral, split squats): 3x/week.
- **Sidesteps and Retro-walks** with resistance: Start with proximal resistance. 3x/week.
- **Single-Leg Balance Exercises:** Squats, trunk rotations. 3x/week.
- **Planks and Side Planks:** Advance as tolerated.
- **Single-Leg Bridges:** Increase duration as tolerated.
- **Slideboard Exercises:** 3x/week.
- **Agility Drills:** 3x/week, if pain-free.
- **Hip Rotational Activities:** 3x/week, if pain-free.

Return to Sport Goals:

- **Running Progression:** Begin on AlterG (anti-gravity treadmill) at week 16, progressing as tolerated.
- **Agility Exercises:** Begin at week 20.
- **Multidirectional/Cutting Activities:** Begin at week 24.
- **Plyometrics:** Begin at week 24.
- **Sport-Specific Exercises:** Begin at week 24.

Post-Op Treatment Plan (PTP) Notes:

- Full recovery to sport may take **4-6 months**, and in some cases up to a year for maximal recovery.
- Conduct a **running analysis** prior to resuming running, cutting, and agility exercises.
- Assess **functional strength** and **proximal control** prior to advancing to Phase 4 exercises.

- **Note**: Progression through these phases should be based on individual recovery, with all exercises adjusted as necessary under the guidance of your surgeon and physical therapist. Regular follow-ups with the surgical team are crucial to ensure optimal recovery