

Covenant Medical Group • Orthopaedics

Orthopaedic Surgery & Sports Medicine • Garrett Kerns, DO

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CLINICAL PROTOCOL FOR HIP ARTHROSCOPY – LABRAL DEBRIDEMENT

DO NOT perform the following exercises at any time, unless advised otherwise by a referring physician:

- Straight leg raises
- Front planks (4 months post-op minimum)
- Weighted side-lying abduction
- Squatting below parallel

PHASE 1: POD 1 – Week 3

Precautions:

- Hip flexion as tolerated
- Avoid hip flexion with IR and forceful ER
- Consistent use of night splint for 1 week
- Frequently lay flat with minimal flexion at hip to prevent hip flexion contracture (**prone lying 2-4 hours/day minimal**)

Weight Bearing (WB) Progression:

- **TDWB** immediately post - op
- **At 7-10 days**, progress to 50% WB
- **Add 25% every day 2-3 days**, as tolerated
- **FWB only when:** Controlled pain, non-antalgic gait pattern, normal pelvofemoral mechanics

The use of one crutch is discouraged in most cases. If necessary, please discuss with referring physician.

NOTE: Aquatic therapy may be initiated at 2 weeks post-op, pending incision healing.

Phase 1 exercises should be performed 1-2x/day, 6-7 days per week.

POD 1-7 – Immediately Post-Op:

- Stationary bike with minimal resistance and a high seat (90 degrees max hip flexion)
- Passive ROM: Supine/standing circumduction (knee straight), supine IR hip roll
- Ankle pumps
- Quad sets, heel digs, glut sets
- Isometric hip ADD supine with a bolster between knees
- Curl-up
- Standing hip ABD, EXT
- Active prone hamstring curl
- Prone ER isometrics
- Quadruped rocking

Weeks 1-3 – WB Preparation and Progression:

- LAQ/SAQ (if poor quad recruitment)
- Prone active hip IR and ER
- Prone EXT (knee straight and knee flexed to 90 degrees)
- Bridge (ad ball squeeze, unstable surface, stability ball to increased difficulty - No single leg until **week 7**)
- Bird dog
- Clamshell or side-lying hip ABD (no resistance, low reps, educate on GMed contraction)
- Mini squats
- Calf raises
- Kneeling hip flexor stretch, prone quad stretch, FABER slides, figure 4 stretch

PHASE 2: Weeks 4-8

Precautions:

- ROM: As tolerated, prevent hip flexor and ER tightness
- Be aware of hip flex air overuse/iliopsoas irritation
- Return to reciprocal stair ambulation and driving with caution
- Continue to avoid prolonged sitting (desk job, sitting in class, etc. may cause tightness/discomfort at the anterior lateral hip)

Phase 2 exercises should be divided into 2 days, each day performed 3x/week.

Weeks 4-6 – Normalizing Gait, Return to ADLs:

- Elliptical (once patient is FWB without complaints for 7-10 days)
- Hip flexion (marching) to 90 degrees (seated and standing, low repetitions)
- Clock steps
- Hamstring bend over
- Leg extensions, hamstring curl weight machines

Weeks 7-8 – Strengthening:

- Unilateral bridge
- Side plank/remedial side bridge
- Step up, step down
- Leg press

PHASE 3: Week 9-12+

Phase 3 exercises should be divided into 2-3 days, each performed 2x/week.

Weeks 9-10 – Preparation for Functional Return:

- Side stepping with T-band or sport cord
- “Runner’s stretch” (if appropriate)
- Walking lunges progressing to walking lunges with trunk rotation
- Knee squat jump with properly and mechanics
- Jogging progression
- Golf progression
- Advanced swimming progression (flip turns, treading water, whip kicking)

Weeks 11-12+ – Graduated Return to Sport Progression:

- Agility, plyometric program (after jogging for 2 weeks)
- Sports specific drills (no contact before 12 weeks)
- Stairclimber

These are general guidelines and may vary depending on your surgery/surgeon.