Covenant Medical Group • Orthopaedics

Orthopaedic Surgery & Sports Medicine • Garrett Kerns, DO

900 Cooper, Suite 3100 • Saginaw, Michigan 48602 • 989.583.7450 **Tel** • 989.583.7452 **Fax**

CLINICAL PROTOCOL
FOR HIP ARTHROSCOPY – LABRAL REPAIR/FAI

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 4

Precautions:	**Weight Bearing (WB) Progression:**
• No hip flexion > 90 degrees for 7 days post-op • 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 minimum)**	• **TDWB** immediately post-op • **At 2 weeks**, 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:

- ***If fractional lengthening of iliopsoas was performed: Initiate light hip flexor stretching. Immediately, ice on a light stretch, no hip flexor strengthening 4-6 weeks.***
- ***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.

Week 0-1 – 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
- Standing EXT
- Active prone hamstring curl
- Prone ER isometrics
- Quadruped rocking (not before **POD 7**)

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Weeks 2-4 – WB Preparation and Progression (decreased to 1x/day for strengthening exercises):

- LAQ/SAQ (if poor quad recruitment)
- Prone active hip IR and ER
- Prone EXT (knee straight and knee flexed to 90 degrees)
- Bridge (add ball squeeze, unstable surface, stability ball to increased difficulty – avoid SL until **week 8**)
- 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
- Gentle FABER slides/figure 4 stretch (**week 3**)

PHASE 2: Weeks 5-11

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 5-7 – 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 8-11 – Strengthening:

- Unilateral bridge
- Step up, step down
- Side stepping with T-band or sports cords
- Leg press
- "Runner's stretch" (If appropriate)

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PHASE 3: Week 12-24+

Weeks 12-14 – Preparation for Functional Return:

- Walking lunges progressing to walking lunges with trunk rotation
- Jogging progression
- Golf progression
- Advanced swimming progression (flip turns, treading water, whip kicking)

Weeks 14-16 – Graduated Return to Sport Progression:

- Agility, plyometric program (after jogging for 2 weeks)
- Non-contact sport specific drills
- Stairclimber

Weeks 17-24+ – Graduated Return to Sport Progression:

- Spring, cutting, reaction drills
- Contact sport specific drills

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

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