

## Hip Labral Repair Guidelines

Phase	Intervention	Goals and Criteria for Progression
<p><b>Weeks 0-3</b></p> <p>Estimated visits: 1-2x/week</p>	<p><b>Weight Bearing: Up to 50% WB w/ crutches for 4 weeks</b></p> <p><b>**If microfracture, NWB for 6 weeks**</b></p> <p><b>Guidelines: Avoid ER for 4 weeks, Limit hip flexion &gt;90° for 4 weeks</b></p> <p><b>Stationary cycling with high seat daily</b></p> <p><b>PROM: Circumduction, Abduction, Log Rolling, Hip flexion to 90</b></p> <p><b>Manual Therapy: Gentle distraction, inferior glides, massage stick to quads, ITB</b></p> <p><b>Exercises:</b></p> <ul style="list-style-type: none"> <li>● Ankle Pumps</li> <li>● Glute and quad sets</li> <li>● Active-assisted heel slides</li> <li>● Log Rolling in IR</li> <li>● Adductor isometrics</li> <li>● Pelvic tilts</li> <li>● Prone on elbows</li> <li>● Double leg bridges</li> <li>● Standing Abduction w/ IR</li> <li>● UBE for aerobic conditioning</li> <li>● Quadruped Rocking</li> </ul>	<p><b>Protect healing incisions</b></p> <p><b>Monitor for infection</b></p> <p><b>Pain free PROM without mechanical symptoms</b></p> <p><b>Proper gait with crutches and ability to ambulate stairs correctly and safely</b></p>
<p><b>Weeks 3-6</b></p> <p>Estimated visits: 1-2x/week</p>	<p><b>Progress to full WB by week 6</b></p> <p><b>Begin Bent Knee Fallouts Week 4</b></p> <p><b>PROM: Passive ER begins week 4</b></p>	<p><b>Work towards normal gait. Assistive device used until gait normal</b></p> <p><b>Progress to single leg balance</b></p>

	<p><b>Potential exercises to add:</b></p> <ul style="list-style-type: none"> <li>● Supine marching</li> <li>● Dead Bugs</li> <li>● Hip extension</li> <li>● Sidelying hip abduction</li> <li>● Clamshell series</li> <li>● Side bridges</li> <li>● Heel raises</li> </ul> <p>Once full weight bearing, begin step ups, squats and/or shuttle/Total Gym</p>	
<p><b>Weeks 6-12</b></p> <p>Estimated visits: 1-2x/week</p>	<p>Continue exercises from previous phase</p> <p>Begin figure 4 stretching</p> <p>Self-mobilizations as needed</p> <p>Manual therapy: lateral glides in figure 4 position, anterior glides, posterior glides, inferior glides</p> <p>Progress to single leg bridges</p> <p>Add hip hikes</p> <p>Add resisted lateral stepping/crabwalk</p> <p>Add lunges and resistance to other exercises as tolerated</p> <p>Step downs</p> <p>Multi-plane balance exercises</p> <p>Begin ladder drills about week 9</p>	<p>Normal gait</p> <p>Normal stair ambulation</p> <p>By week 12, should have a symmetrical lateral step down test from 10" step</p>
<p><b>Week 12+</b></p> <p>Estimated visits: 1-2x/week until 4 months, then 1x/week until 6 months</p>	<p>Begin walk/jog program once step down test symmetrical</p> <p>Continue to build LE strength</p> <p>Work on both BIL and single leg strengthening</p> <p>Begin plyometric activities</p> <p>Progress to labile surfaces when appropriate</p>	<p><b>CRITERIA FOR DISCHARGE:</b></p> <p><b>Full ROM :</b></p> <ul style="list-style-type: none"> <li>● Hip strength via HHD &gt;90% to uninvolved</li> <li>● YBT within 10% of the uninvolved or within 4cm ant reach, 6 cm PL and PM</li> <li>● Completed walk/jog program</li> <li>● Completion of sport-specific activities</li> <li>● Pass series of functional tests including single leg hop, triple hop, single leg vertical jump</li> </ul>