

**HIP ARTHROSCOPIC LABRAL REPAIR  
REHABILITATION PROTOCOL**  
(TO BE GIVEN TO PHYSICAL THERAPIST)

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>THERAPEUTIC EXERCISE</b>
<b>WEEK 1-2:</b>	<ul style="list-style-type: none"> <li>• 50% Partial Weight Bearing with crutches</li> </ul>	<ul style="list-style-type: none"> <li>• Wear brace at all times for first 2 weeks except for exercises and hygiene</li> <li>• Wear brace at night</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid pinching feeling with ROM</li> <li>• Flexion: 0-90°</li> <li>• Extension: 0° (avoid hyperextension)</li> <li>• Abduction: 30°</li> <li>• IR in 90° of flexion: Neutral</li> <li>• ER in 90° of flexion: 30°</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise bike without resistance immediately (POD#1 if possible)</li> <li>• Isometrics: Quad setting, gluteal setting, hamstring digs with knee support, plantarflexion/dorsiflexion, eversion/inversion strengthening</li> <li>• Prone lying</li> <li>• STM mobilization, scar massage</li> <li>• No joint/capsular mobilizations</li> </ul>
<b>WEEK 3-6:</b>	<ul style="list-style-type: none"> <li>• Transition to full weight bearing</li> </ul>	<ul style="list-style-type: none"> <li>• Transition away from brace</li> </ul>	<ul style="list-style-type: none"> <li>• As tolerated within pain free ROM</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid straight leg raises (flexion) to prevent post-operative hip flexor tendonitis</li> <li>• Continue to protect repaired tissue, avoid joint/capsular mobilizations</li> <li>• Restore hip ROM</li> <li>• Restore normal gait pattern</li> <li>• Weight shifting</li> <li>• Step over small obstacle on non-operative leg emphasizing hip extension on operative leg</li> <li>• Emphasize gluteus medius strengthening (clamshells, side lying abduction)</li> <li>• Stationary bike without resistance – add resistance at Weeks 5-6</li> </ul>

WEEKS 6-12:	• Full	• None	• Full	<ul style="list-style-type: none"> <li>• Begin straight leg raises (flexion)</li> <li>• Continue to protect repaired tissue, avoid joint/capsular mobilizations</li> <li>• Progress gluteus medius strengthening (single leg balance on foam pad, then bosu ball, side steps with therband)</li> <li>• Stationary bike with resistance</li> <li>• Slide board if without pain</li> <li>• Crab / Monster walk</li> </ul>
WEEKS 12+:	Full	None	Full	<ul style="list-style-type: none"> <li>• Treadmill walking, progressing to jogging if tolerated</li> <li>• Single leg squats</li> <li>• Lunges</li> <li>• Side planks</li> <li>• Plyometrics</li> <li>• Sport Specific Training if hip strength 80% of contralateral side</li> <li>• Return to sport 4-6 months if cleared by MD</li> </ul>