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**POST-OPERATIVE REHABILITATION FOR
HIP LABRAL REPAIR**

Adopted by Dr. Benjamin G. Domb, American Hip Institute

PHASE 1 – IMMEDIATE REHABILITATION (1-2 WEEKS)

Goals:

Protection of repaired tissue
PROM within guidelines
Prevent muscular inhibition and gait abnormalities
Diminish pain and inflammation

Precautions:

20 lb. heel-touch weight-bearing post-op, duration per Dr. Noojin's orders depending on procedure
Do not push through pain or pinching, gentle stretching will gain more ROM

Initial Exercise

PROM: within range limitations, pain free.

ROM Guidelines (pain free)

Flexion: 90° x 3 weeks

Ext: 0° x 3 weeks

Abd: 25-30° x 3 weeks

IR: 90° hip flex: 0° x 3 weeks; neutral (prone): within comfort zone

ER: 90° hip flex: 30° x 3 weeks; neutral (prone): 20° x 3 weeks

**After 3 weeks, gradually progress ROM as tolerated, within pain-free zone*

- STM (scar, anterior, lateral, medial and posterior aspects of hip, lumbar paraspinals, quad/hamstring)
- Stationary bike with no resistance
- Isometric (quad setting, gluteal setting, TA isometrics with diaphragmatic breathing)
- Prone lying (modify if having low back pain)
- **Avoid any active contraction of ilipsoas**

PHASE 2 – INTERMEDIATE REHABILITATION (3-8 WEEKS)

Criteria for progression to Phase 2:

Full Weight Bearing Must Be Achieved Prior To Progressing To Phase 2

Non-weight bearing exercise progression may be allowed if patient is not progressed by MD to full weight bearing

Goals:

Protection of the repaired tissue
Restore Full Hip ROM
Restore Normal Gait Pattern
Progressive Strengthening of Hip, Pelvis, and LE's
Emphasize gluteus medius strengthening (non-weight bearing)

Precautions:

No forced (aggressive) stretching of any muscles
Avoid inflammation of hip flexor, adductor, abductor, or piriformis

Intermediate Exercises

Gentle strengthening; ROM must come before strengthening

- Stationary bike no resistance; add resistance at 5-6 weeks
- Hook-lying progression: pelvic clock, TA with bent knee small range ER, marching, add isometric with kegel ball, isometric abduction with ring
- Prone progression: IR/ER AROM, prone on elbows with glut setting-press ups, hip extension, alternating arm-leg raise
- Side-lying progression: clams 30° hip flexion to 60° hip flexion, hip abduction straight leg raise, side plank on elbow

- Joint mobilization: **ONLY VERY GENTLY**
 - (week 3): oscillations, caudal glide with passive hip flexion
 - (week 4): post/inf glides to decrease posterior tightness
Address pelvic and lumbar alignment
- 1/2 kneel: gentle pelvic tilt for gentle stretch of iliopsoas
- Bridge progression
- Balance progression
- Pelvic floor strengthening
- Elliptical / stair stepper: 6-8 weeks
- Step and squat progression
- Slide board: hip abduction / adduction, extension, IR/ER. No forced abduction. Stop short of any pain barriers.
- **Continue to avoid any active contraction of iliopsoas**

PHASE 3 – ADVANCED REHABILITATION (9-12 WEEKS)

Criteria for progression to Phase 3:

- Full ROM
- Pain-free normal gait pattern
- Hip flexor strength of 4/5
- Hip abd, add, ext, and IR/ER strength of 4+/5

Goals:

- Full restoration of muscle strength and endurance
- Full restoration of patient's cardiovascular endurance
- Emphasize gluteus medius strengthening in weight bearing**

Precautions:

- No contact activities
- No forced (aggressive) stretching

Exercises:

- No treadmill walking until 12 weeks
- 4-pt lumbar / core stabilization progression
- Anterior / side plank progression
- Crab / monster walk
- Lunges all directions
- Single leg squat
- **Continue progressions of exercises in Phase 2**

PHASE 4 – SPORT SPECIFIC TRAINING > 12 WEEKS

Criteria for progression to Sport Specific Training:

- Hip flexor strength 4+/5
- Hip, add, ebd, ext, IR/ER 5-/5

Cardiovascular endurance equal to pre-injury level

Demonstrates proper squat form and pelvic stability with initial agility drills, stable single-leg squat

Return to sport activities as tolerated without pain, consistent with MD orders.

Exercises:

- Develop customized strengthening and flexibility program based on patient's sport and/or work activities
- Z cuts, W cuts, cariocas
- Agility drills
- Jogging
- Gradual return to sport

Surgical release of iliopsoas or piriformis may have been performed. See operative report and consider the following therapeutic techniques.

- Piriformis Release:

POD #1 begin stretch piriformis (flexion, adduction, ER) without causing anterior hip pain and sciatic

nerve flossing (Phase 1)

Gentle active release of piriformis (Phase 2)

- Iliopsoas Release:

Begin gentle stretch beginning with prone lying (Phase 1)

Gentle active release of iliopsoas (Phase 2)

- Microfracture:

20 lbs FFWB with crutches x 8 weeks

Can progress from Phase 1 to non-weight bearing strengthening portions of Phase 2, then begin full weight bearing at 8 weeks

**Recommended sitting position when having to sit for longer durations.
(Right leg in picture is surgical leg)**

