



Mayo Clinic

600 Hennepin ave, Minneapolis, MN Ph: 612-502-5386

www.KelechiOkorohaMD.com

HIP ARTHROSCOPY, LABRAL REPAIR, WITH OR WITHOUT FAI COMPONENT

Rehab Protocol

-Perform PROM in patient's PAIN FREE Range

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FLEXION	EXTENSION	EXTERNAL ROTATION	INTERNAL ROTATION	ABDUCTION
Limited to: 90 degrees x 2 weeks (may go higher in the CPM)	Limited to: 0 degrees x 3 weeks	Limited to: *30 degrees @ 90 degrees of hip flexion x 3 weeks *20 degrees in prone x 3 weeks	Limited to: *20 degrees @ 90 degrees of hip flexion x 3 weeks *No limitation in prone	Limited to: 30 degrees x 2 weeks

Weight Bearing Restrictions: Gait Progression:

20# FOOT FLAT Weight Bearing	Begin to D/C crutches at 3 weeks (6 wks if
-for 3 weeks (non-Micro-fracture)	MicroFracture is performed).
-for 6 weeks (with Microfracture)	Patient may be fully off crutches and brace once
, ,	gait is PAIN FREE and NON-COMPENSATORY

PATIENT PRECAUTIONS:

- -NO Active lifting of the surgical leg (use a family member/care taker for assistance/utilization of the non-operative leg) for approximately 4 weeks
- -NO sitting greater than 30 minutes at a time for the first 3 weeks
- -DO NOT push through pain

POST-OP DAY 1/INITIAL PHYSICAL THERAPY VISIT:

Check List:

Activity/Instruction	Frequency	Complete
Instructed in ambulation and stairs with crutches and 20# FFWB		
Upright Stationary bike no resistance	20 minutes daily	
CPM usage	4 hours/day (decrease to 3 hours if stationary bike used for 20')	
Instruction on brace application/usage		
PROM (circumduction, abduction, log rolls) instructed to the family/caregiver *maintain restrictions for 3 weeks	20 minutes; 2 times each day	
Prone lying	2-3 hours/day	
Isometrics (quad sets, glut sets, TA activation)	Hold each 5 seconds, 20 times each, 2x/day	







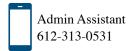
PHASE 1

Goal: Protect the Joint and Avoid Irritation

- -Goal is symmetric ROM by 6-8 weeks
- -NO Active open chain hip flexor activation
- -Emphasize Proximal Control
- -Manual Therapy to be provided 20-30 minutes/PT session

Date of surgery:	Week	1	2	3	4	5	6
Stationary bike (20 min, Increase time at week 3 as patient tolerates)	Daily	X	X	X	X	X	X
Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament)	Daily (20-30 minutes each session)	X	X	X	X	X	X
Isometrics -quad, glutes, TA	daily	X	X				
Diaphragmatic breathing	daily	X	X				
Quadriped -rocking, pelvic tilts, arm lifts	daily	X	X	X			
Anterior capsule stretches: surgical leg off table/Figure 4	daily	X	X	X	X	X	X
Clams/reverse clams	daily	X	X	X			
TA activation with bent knee fall outs	daily	X	X	X			
Bridging progression	5x/week		X	X	X	X	X
Prone hip ER/IR, hamstring curls	5x/week		X	X	X	X	X



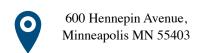


PHASE 2

Goal: Non-Compensatory Gait and Progression

- -Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns
- -Provide tactile and verbal cueing to enable non-compensatory gait patterning
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -If MicroFracture was performed, Hold all weight bearing exercises until week 6

Date of Surgery:	Week	3	4	5	6	7	8	9	10
Progress off crutches starting week 3		X							
Continuation of soft tissue mobilization to treat specific restrictions	2x/week	X	X	X	X	X	X	X	X
Joint Mobilizations posterior/inferior glides	2x/week				X	X	X	X	X
Joint Mobilizations anterior glides	2x/week					X	X	X	X
Prone hip extension	5x/week	X	X	X					
Tall kneeling and ½ kneeling w/ core and shoulder girdle strengthening	5x/week	X	X	X	X				
Standing weight shifts: side/side and anterior/posterior	5x/week	X	X	X					
Backward and lateral walking no resistance	5x/week	X	X						
Standing double leg 1/3 knee bends	5x/week		X	X	X				
Advance double leg squat	5x/week				X	X	X	X	X
Forward step ups	5x/week				X	X	X	X	X
Modified planks and modified side planks	5x/week				X	X	X	X	X
Elliptical (begin 3 min, ↑ as tolerated)	3x/week				X	X	X	X	X





Phase 3

Goal: Return the Patient to Their Pre-Injury Level

- -Focus on more FUNCTIONAL exercises in all planes
- -Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises
- -More individualized, if the patients demand is higher than the rehab will be longer

Date of surgery	Week	8	9	10	11	12	16
Continue soft tissue and joint	2x/week	X	X	X	X	X	
mobilizations PRN							
Lunges forward, lateral, split squats	3x/week	X	X	X	X	X	X
Side steps and retro walks w/ resistance	3x/week	X	X	X	X	X	X
(begin w/ resistance more proximal)							
Single leg balance activities: balance,	3x/week	X	X	X	X	X	X
squat, trunk rotation							
Planks and side planks (advance as	3x/week	X	X	X	X	X	X
tolerated)							
Single leg bridges (advance hold duration)	3x/week	X	X	X	X	X	X
Slide board exercises	3x/week			X	X	X	X
Agility drills (if pain free)	3x/week			X	X	X	X
Hip rotational activities (if pain free)	3x/week			X	X	X	X





Phase 4

Goal: Return to Sport

- -It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery
- -Perform a running analysis prior to running/cutting/agility
- -Assess functional strength and obtain proximal control prior to advancement of phase 4

Date of surgery	Week	16	20	24	28	32
Running		In Alter G	X	X	X	X
Agility			X	X	X	X
Cutting				X	X	X
Plyometrics				X	X	X
Return to sport specifics				X	X	X

