UL Health Sports Medicine
Official Health Care Provider of the Louisville Cardinals

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Procedure: Arthroscopic Hip Labral Repair +/- Acetabuloplasty and Femoroplasty with Capsular Closure

PT Frequency: 3-4x wkly 0-3 mo, physician/therapist discretion afterwards. Home exercises daily.

Dressing: PT may perform dressing change as needed. Leave steri-strips/ xeroform gauze in place. Ok to shower with or without dressing. No tub bathing/ soaking until wound fully healed.

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase I: 0-4 wks	0-2 wks: toe touch weight bearing with crutches and brace 2-4 wks: 50% partial weight bearing with crutches and brace	Worn at all times. Hip flexion limited to 90°	Limit hip flexion to 90° - can use stationary bike with high seat and no resistance No hip extension (highest risk for failure of capsular repair) Avoid excessive internal and external rotation (i.e. >15°)	Quad, glute, and hamstring sets, adductor and abductor isometrics Hip joint mobilization Heel slides Pelvic tilts Double legged supine bridge
Phase II: 4-12 wks	Wean from crutches beginning week 4	Wean from brace beginning week 6	No restrictions for normalizing hip range of motion Focus on symmetry with unaffected side Stationary bike- lower seat to allow increasing hip flexion	Continue joint mobilizations Increase resistance with active exercises Clamshells with theraband Sidelying planks Side-stepping with resistance Neuromuscular training to include core stabilization, single leg balance, step-ups, Bosu squats, and side steps Elliptical and treadmill with minimal resistance/speed Aqua therapy, if available, when portal sites heal

Continued on Back

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase III: 12-16 wks	Full	None	Full	Continue as above Introduce low-impact plyometrics Increase resistance and duration on bike and elliptical Swimming as tolerated Sport-specific agility drills Traditional weight training Start running progression
Phase IV: 16 wks +	Full	None	Full	Continue previous exercises with progressive resistance Continue to increase lower extremity strength and endurance; work on balance and core exercises May golf at this point if pain free Add plyometric, agility and sport specific training as appropriate Slow return to sports that involve contact, cutting, pivoting or jumping Athletes must pass single/triple hop test to return to sport; collision sports may take 6 months Full activities when pain free running, full ROM, and cleared by MD.

Typical follow up frequency is 2 wks with mid-level then with Dr. Richards at 4-6 wks, 3 mo, 6 mo, 9 mo, 1 yr, 2 yr, and 5 yr. Long term follow up is kindly requested for data collection. Frequency is subject to change pending patient progress. Progression back to sport is dependent on case-by-case basis and determined by Dr. Richards. If significant pain or swelling occurs, patient is expected to stop causative activity and follow up with our office. On call providers are always available.