



**ADVANZ HEALTH**

SPORTS MEDICINE | PHYSIOTHERAPY

# HIP ARTHROSCOPY & LABRAL REPAIR POST-OP PROTOCOL

## REHABILITATION PROTOCOL

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Sports Medicine & Physiotherapy

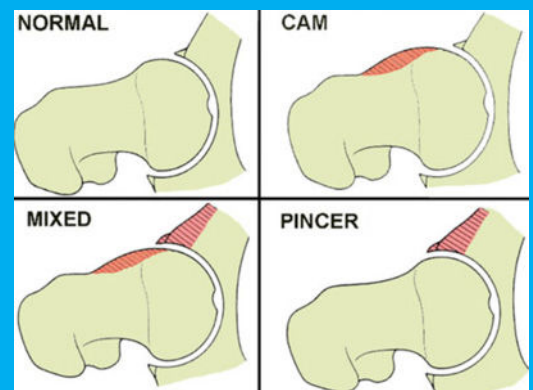
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# HIP ARTHROSCOPY & LABRAL REPAIR POST-OP PROTOCOL

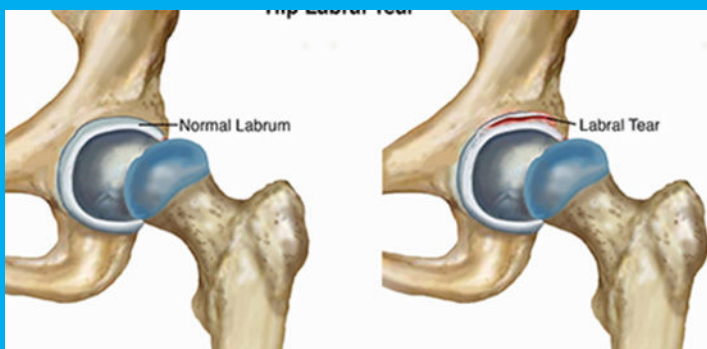
Femoro-acetabular impingement is a condition resulting from the irregularity of bone growth (spurs) within the hip joint. The hip is a “ball and socket” joint, where the ‘socket’ is formed by the acetabulum, within the pelvis, and the ‘ball’ is the head of the femur (thigh bone).

FAI can be due to two different types of bony abnormality within the hip joint. ‘Cam’ type impingement describes a bump of the femoral head (ball) which causes jamming into the acetabulum (socket). This is more common in young, athletic males.

The ‘Pincer’ type describes increased coverage of the acetabulum over the front of the femoral head. This is less common and mostly seen in middle aged women. Combination of these two would be referred to ‘mixed’ FAI.



The labrum is an extension of fibrocartilage that forms a ring around the hip socket to provide suction and protection at the hip joint. This cartilage can be damaged when FAI abnormalities are present.



Symptoms can include reduced hip range of motion (particularly hip flexion and internal rotation), catching with movement, pain with sitting and walking as well as pain after and during sport/exercise.

# CAUSE

There may be a genetic component to FAI (structural shape of the ball and socket), but it is also commonly caused by biomechanical changes in the hip such as tightness, weakness and poor movement patterns. This can become pronounced when rapid increases in activity occur (such as spikes in training load or commencing unusual lifestyle activities). Prolonged impingement can result in a torn labrum.

# SURGICAL TREATMENT

Arthroscopic debridement and labral repair are the treatment option if symptoms are not reduced non-surgically. Arthroscopic surgical recovery takes 3-4 months.

# PHASE 1 – ACUTE POST-OPERATIVE (0-2 WEEKS):

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE (TICK WHEN COMPLETE)
<ul style="list-style-type: none"> <li>• Protect surgery site</li> <li>• Maintain mobility of surrounding joints</li> <li>• Control pain</li> <li>• Preserve thoracic function whilst using crutches</li> <li>• Normalise gait</li> </ul>	<p>Partial weight bearing as tolerated with crutches</p>	<ol style="list-style-type: none"> <li><b>1. ROM and core program:</b> Maintain core, upper body and other leg strength and control</li> <li><b>2. Stretching program</b> for surrounding joints(see videos)</li> <li><b>3. Massage and manual therapy</b> from physio to reduce muscular tightness and maintain mobility</li> </ol>	<input type="checkbox"/> Surgeon satisfied with progress

*This protocol is based on arthroscopic debridement. Timeframes may increase if the labrum has been repaired (your surgeon will dictate changes to these time-frames).*

# PHASE 2 – STRENGTH PHASE (WEEKS 3-6)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE <i>(TICK WHEN COMPLETE)</i>
<ul style="list-style-type: none"> <li>• Range of motion</li> <li>• Early strengthening</li> <li>• Movement mechanics</li> <li>• Pain and swelling resolved</li> </ul>	<p>Return to weight-bearing should be progressive.</p>	<ol style="list-style-type: none"> <li><b>1. Strength program</b> on Pilates reformer and home-based (see video's)</li> <li><b>2. Stretching and mobility program</b> (See video's)</li> <li><b>3. Walking and movement retraining</b> Individualised program designed by your physio</li> <li><b>4. Fitness:</b> boxing, swimming</li> <li><b>5. Ice therapy</b></li> </ol>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Normal gait (no limp)</li> <li><input type="checkbox"/> Single leg calf raises</li> <li><input type="checkbox"/> Target areas of weakness, technique error and poor mobility improving as determined by your physiotherapist</li> <li><input type="checkbox"/> Single leg balance &gt;15 seconds</li> <li><input type="checkbox"/> Single leg bridge and single leg STS</li> </ul>



# PHASE 3 – POWER PHASE (6-12 WEEKS)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE
<ul style="list-style-type: none"> <li>• Return to sport/activity</li> <li>• Restore full strength/power</li> <li>• Resolve all pain</li> <li>• Improve whole-body strength</li> <li>• Improve fitness</li> <li>• Prevent recurrence</li> </ul>	<p>Avoid any activities that cause pain levels greater than 2/10 (on a scale of 0=no-pain to 10=max-pain).</p>	<ol style="list-style-type: none"> <li>1. Continue <b>individualised strength and stretching program</b></li> <li>2. <b>Cardio fitness:</b> cycling, swimming, boxing, cross-trainer (running when allowed), replicate sport.</li> <li>3. <b>Plyometric exercises</b></li> <li>4. Running rehab See attached</li> <li>5. Sports specific <b>skill</b> retraining</li> </ol>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Surgeon clearance</li> <li><input type="checkbox"/> Strength and power &gt;95% of non-injured leg</li> <li><input type="checkbox"/> No pain with daily activities, sports, during/after rehab exercises</li> <li><input type="checkbox"/> Full range of motion</li> <li><input type="checkbox"/> Pre-injury fitness/load restored (or enhanced)</li> <li><input type="checkbox"/> Biomechanical errors resolved</li> </ul>

# PHASE 1

## REFORMER

- Supine: Double and single leg, arms in straps feet down
- Kneeling or seated: arms in straps (rows, ploughs)

## HEP

- ROM: hip/knee/ankle ROM (Circulation exercises)
- Supine: Deep core activation (BNF), bridges (small range)
- Side lying: Squeezing heels together
- Seated or kneeling: theraband arms (rows, ploughs)
- Prone: supermans (arms only)
- Mobility on roller/ball

# PHASE 2

## REFORMER

- Supine: arms in straps, legs in straps (double, progress to single)
- Side lying: single leg press
- Kneeling or seated: arms in straps (rows, ploughs)
- Prone: reverse abs, planks
- Standing: skater, scooter, step ups

## HEP

- Supine: Bridges, core progressions (table top with extensions, toe taps)
- Side lying: clams
- Seated or kneeling: theraband arms (rows, ploughs)
- Prone: supermans (alternating), foundation planks
- Standing: squats, toe taps, crab walks, lunges, short lunges
- Mobility on roller/ball

# PHASE 3

## REFORMER

- Supine/side lying: Jump board

## HEP

- Jump squats, hops, side steps

## HEP

- Running program – agility
- Sport specific drills



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