

HIP ARTHROSCOPY:
Labral Reconstruction

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Open Gluteus Medius Repair PT Protocol

The goal of this protocol is to provide some guidance for rehabilitation after gluteus medius repair. Often the gluteus medius is torn for some time before it's repaired, and there is often some baseline atrophy to the muscle itself. While the repair is strong and augmented biologically, it needs time to heal and to be protected during this time. It is critical that the repair is not over used during the first 4 to 5 months. It takes time for the tendon to heal down to bone and during this time, the patient cannot limp or overstress the repair because this will only compromise the final strength of the tendon attachment. Gains in the strength of the muscle can be made with gradual progression and persistence for up to two years. Please be thoughtful with regard to rehabilitation and progression as not all of these patients need to return to sport. Some patients only need to regain basic function and maintain a level pelvis with ambulation. The timeline between advancement to next phases needs to be individualized as all patients likely begin at a different baseline and heal and strengthen at different rates.

A limp or Trendelenburg gait should not be allowed during this rehabilitation process as it will wear out the repair or compromise ultimate healing. Use an assistive device as long as it is needed to maintain a level pelvis with ambulation and with all exercises.

Phase 1- Protection Phase

Post Op Weeks 0-8

Weight Bearing:

- 20% Flat Foot weight bearing x 6 weeks
- Gradual progression of weight bearing for 6-8 weeks with crutches to 100% weight bearing
- Wean off of assistive device by week 8 without Trendelenburg gait or limp. It is ok to use an assistive device longer if needed to avoid a limp

Initial ROM Related Restrictions for 2 weeks to protect the labral reconstruction:

- External Rotation to 0°
- No active abduction for 6 weeks
- No passive cross body adduction for 6 weeks
- Use pink wedge pillow at night for 6 weeks

Goals:

- Reduce swelling and pain
- Restore mobility within limitations
- Restore normal gait with protective weight bearing
- Promote normal proprioceptive and neuromuscular control

Pain and Swelling:

- PRICE – Protection, Rest, Ice, Compression, Elevation
 - At a minimum 5-6 times per day for 20-30-minute sessions
 - There is no maximum!
 - Ankle Pumps for swelling and DVT prevention

Range of Motion:

- Active/Active Assistive Range of Motion
 - May begin quadruped rocking and cat/camel
 - Upright stationary bike without resistance 20 minutes per day starting week 3 based on comfort
 - No recumbent biking
- Initiate Thomas stretch at week 3

Phase 1 Continued – Advancing Protection Phase

Post Op Weeks 6-12

Range of Motion/Open Glute Medius Repair:

- Progress to weight bearing as tolerated
- Progress off of assistive device (no limp or Trendelenburg with this progression; if still limping, continue to use assistive device); OK to use assistive device longer if needed
- Active assistive use of glute medius may begin

Aquatic Therapy:

- Begin at week 6 post-operatively once the incisions are healed and there is a chair to get into/out of the pool
- Motor control and ROM exercises
- Circumduction, Hip abduction
- Forwards and backwards gait with emphasis on full hip extension and an upright trunk
- Focus on normalization of gait in more buoyant environment

Strength/Motor Control weeks:

- Isometrics
 - Quad Sets
 - Glute Sets
 - Transverse Abdominis Isometrics
- Edge of bed hip extension
- Standing Skaters (abduction with IR) for gluteus medius
- Tall kneeling with controlled rotation and pelvic tilt

Proprioception and Neuromuscular Re-education:

- Prone IR/ER rhythmic stabilization exercises
- Quadruped stabilization exercises
- ½ kneeling for stability prior to full weight bearing
- Standing forward flexion

Phase 2- Initial Strengthening Phase

Post Op Weeks 9-12

Criteria for advancement to Phase 2:

- Pain-free passive hip flexion and abduction
- Able to maintain full bridge position without compensations
- Mild deviations in gait with no discomfort and no Trendelenburg
- Maintain stable tall kneeling position without anterior hip discomfort

Goals:

- Full passive and active ROM including pain-free standing hip flexion
- Rotary stability including side and front planks without compensation or pain
- Normalize gait
- Increase leg strength to allow for:
 - Walking longer distances
 - Stair descending without compensation
 - Double leg bridge maintaining level pelvis
 - Single leg bridge maintaining level pelvis
 - Double knee bends without compensation
 - Single knee bend to 70° without compensation
 - Single leg balance without Trendelenburg sign/gait

Strength, Proprioception and Neuromuscular Re-education:

- Closed chain double leg strength and stability exercises at therapist's discretion. Include multiplanar strength and proprioception; bridging progression, closed chain hip abduction strength, leg press/shuttle, balance as well as core stability
- No resisted abduction until 12 weeks post op

Cardio:

- Bike gradually increasing resistance at week 10 or when patient can ambulate without a limp; limit to a maximum of 30 minutes total for the first two weeks then continue to progress gradually if there is no increased hip pain
- Elliptical trainer beginning at week 10-12
- Swimming without leg kick (using a pool buoy) beginning at week 8
- Swimming with kicking allowed at week 12 only if there is no hip flexor pain

Phase 3- Advanced Strengthening (Sport Specific Training)

Post Op Weeks 12+

Criteria for Advancement to Phase 3:

- Full active and passive ROM
- Ascending and descending stairs with involved leg without pain or compensation
- Gait without deviations or pain after 1 mile of walking on level surface
- At least 1 minute of double knee bends without compensation
- Single knee bends to 70° flexion without compensation
- Rotary stability and ability to hold plank
- Active strengthening of the glute medius may begin. Gentle at first. May do more aggressive strengthening at 4-5 months

Goals:

- Continue progression of ambulation without tolerance of Trendelenburg gait
- Active strengthening of glutes
- Restore multi-directional strength, agility & core stability
- Restore ability to absorb impact on leg (plyometric strength), depending upon patient goals
- Full extension for normal running mechanics

No running or kicking activities until a minimum of 5 months and patient is able to demonstrate pain-free standing repetitive hip flexion

Phase 4 – Return to Sport

6+ months Post Op

Criteria for advancement to phase 4:

- Bilateral 1-minute single leg stance with alternate hip flexion/extension
- Resisted single leg squat for 3 minutes

Closed chain Pilates is recommended for hip maintenance and can be very helpful in the final phase of PT to address late muscular imbalance and maintain posterior chain strength