

Hip Labral Repair in Patients with Dysplasia

General

Passive range of motion (0-30 flexion, 10 abduction, 0 internal rotation, 40 external rotation)

Toe touch weight-bearing with crutches for 6 weeks

Stitches assessed and removed in clinic within 7-14 days

Weeks 0-6

Hamstring sets

Prone hangs

Ankle pumps

Toe/heel raises

Modalities as necessary to decrease swelling

Active range of motion to 90 flexion

Weeks 6-10

Continue previous activities

Full weight-bearing and wean off crutches

Quad sets with straight leg raises

Stationary bike with both legs

–Maintain high seat to avoid deep flexion

–Gradual increase in resistance

Treadmill 7% walk

Terminal 1/3 knee bends

Aqua therapy

Single leg squats

Weeks 10-12

Leg curls with no hyperextension

Swimming with fins

Quad sets with straight leg raises

Rowing/erg machine

Stationary bike with increased resistance

Weeks 12-16

Outdoor biking

Return to run program = elliptical → treadmill → outdoor running

Week 16

Sport-specific training with gradual return to agility exercises

5 months = Return to sports