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## Rehabilitation for Surgically Repaired Acetabular Labrum

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# Rehabilitation for Surgically Repaired Acetabular Labrum

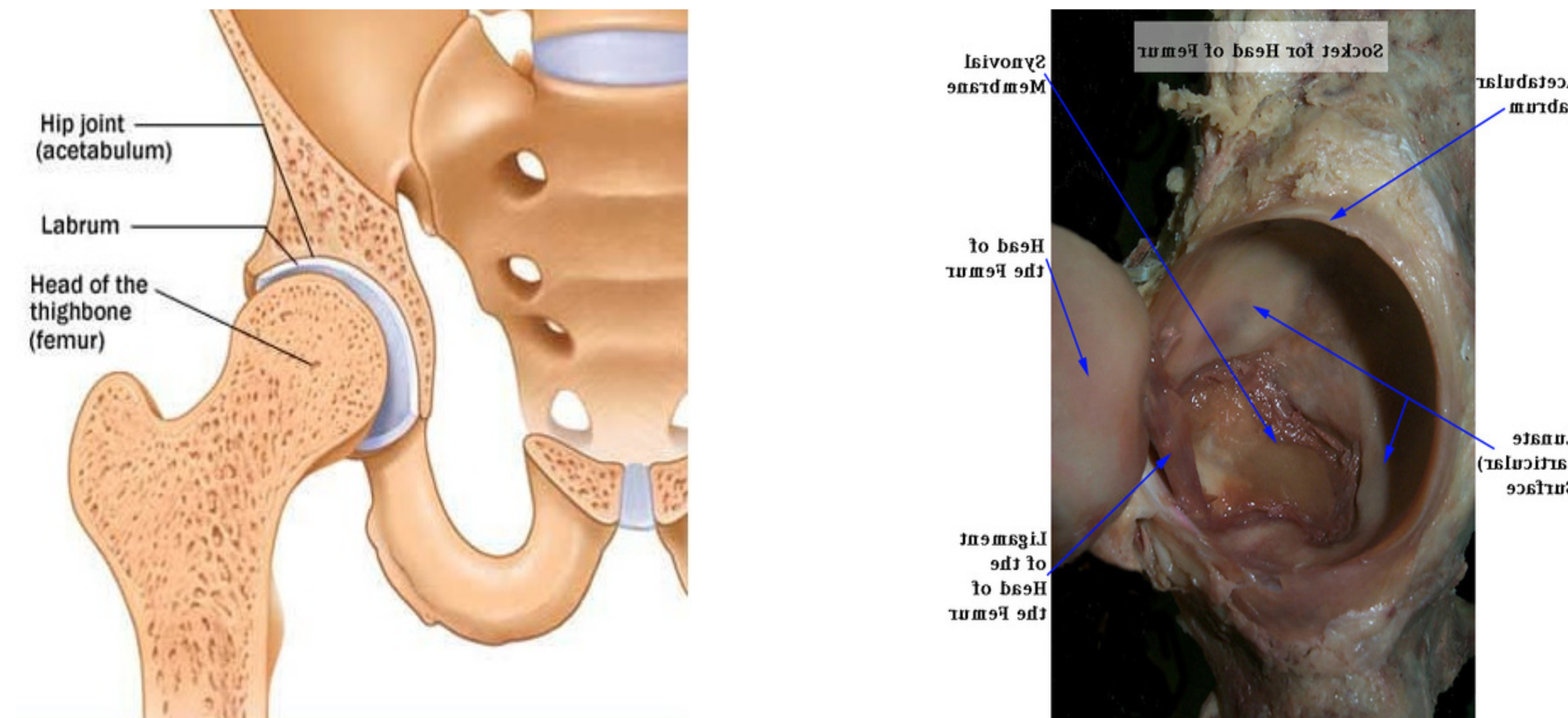
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## Introduction

The acetabular labrum is a rim of fibrocartilage and dense connective tissue that sits in the bony socket of the hip. It is important in normal function of the femoroacetabular joint and is responsible for shock absorption, stability, joint lubrication. Common mechanisms of injury to this tissue include athletic injuries, motor vehicle accidents, femoroacetabular impingement (FAI), hypermobility, and degeneration. A tear of this cartilage may cause instability of the hip, a feeling of locking or catching, and anterior groin pain. In addition to the clinical evaluation, a magnetic resonance arthrogram is a commonly used diagnostic test, however, arthroscopy is the "gold standard" in diagnosing an acetabular labrum tear. Treatment for this injury begins conservatively with rest and NSAIDs. Physical therapy is controversial, and surgical treatment is often necessary. Surgery entails arthroscopic debridement of the tear as well as repairing or removing any structural problems.<sup>1-3</sup>



## Purpose

Acetabular labral tears were once thought to be an uncommon injury. With advancements in modern medicine such as improvements in imaging technologies and arthroscopy techniques, hip and groin pain associated with an ALT is less likely to be missed or go undiagnosed. With the growing prevalence, it is important for athletic trainers and physical therapists to have a protocol to follow for rehabilitation. The purpose of our research was to investigate treatment strategies for surgically repaired acetabular labral tears, and to develop an exercise protocol for a young athlete from the acute phase of injury through return-to-sport. This will assist in the patient recovering his or her injury in a safe and efficient manner.<sup>3</sup>

## Exercise Protocol<sup>2-6</sup>

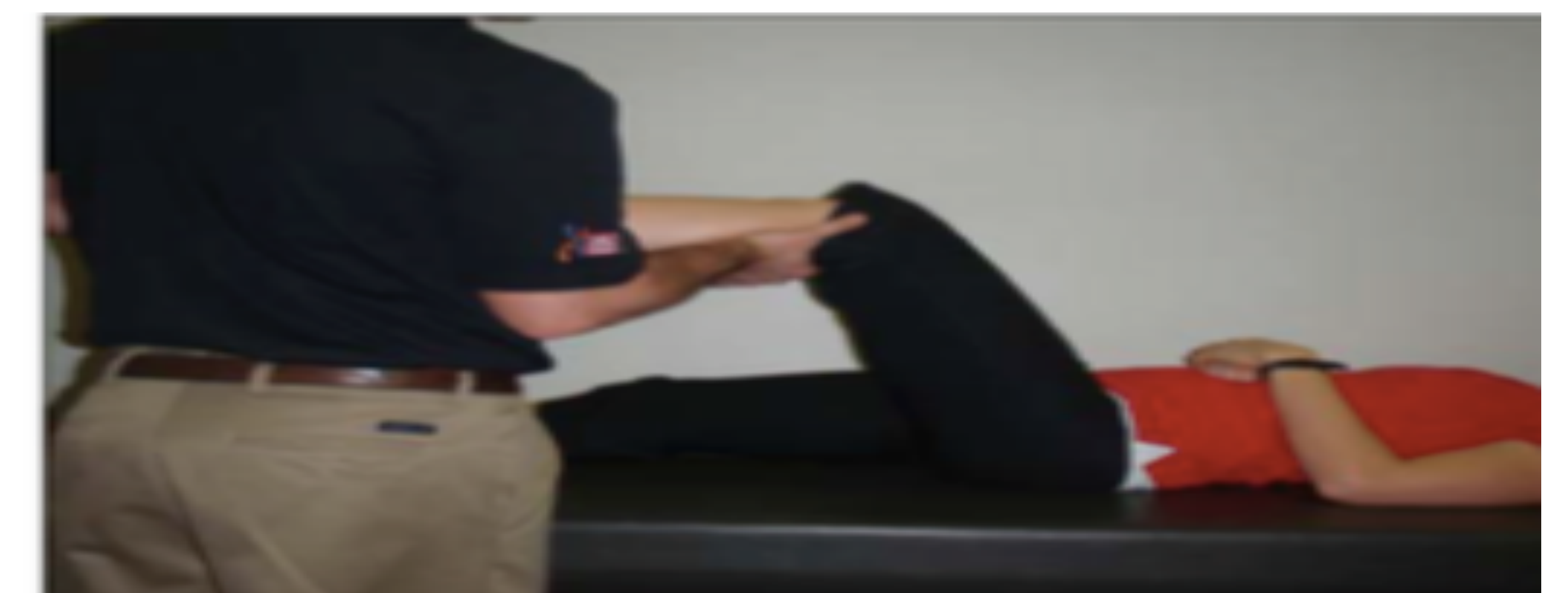
<b>Phase I Healing Phase 0-2 Weeks</b>	<ul style="list-style-type: none"> <li>• Avoid Hip flexion greater than 90° as well as IR/ER</li> <li>• Work on isometric activation of the glutes w/o hip extension</li> <li>• Passive circumduction at 30° and 70° of hip flexion clockwise and counter clockwise</li> <li>• Start progression towards partial weight bearing.</li> </ul>
<b>Phase II 2-6 Weeks</b>	<ul style="list-style-type: none"> <li>• Light isometric exercises engaging hip ABD/ADD and IR/ER</li> <li>• Active assisted FABER slides</li> <li>• Bridges within pain free ROM</li> <li>• Prone lying on elbows for light stretch of hip extensors</li> <li>• Begin using stationary bike within a pain free ROM</li> </ul>
<b>Phase III 6-10 Weeks</b>	<ul style="list-style-type: none"> <li>• Prone single leg hip extension</li> <li>• Side lying hip abduction</li> <li>• Bridging progression</li> <li>• Single leg balance exercises</li> <li>• Mini squats</li> <li>• Light jogging</li> </ul>
<b>Phase IV 10-16 Weeks</b>	<ul style="list-style-type: none"> <li>• Walking lunges</li> <li>• Squats</li> <li>• Single leg balance progression- close eyes/change surface</li> <li>• Plyometrics: Double and single leg hops in all directions</li> <li>• Begin Running</li> </ul>
<b>Return to Sport</b>	<p>Criteria Includes:</p> <ul style="list-style-type: none"> <li>• No compensatory movements</li> <li>• No Pain</li> <li>• Passes functional movement analysis, exercises may Include:</li> </ul> <ul style="list-style-type: none"> <li>-Single leg squats for 2 minutes</li> <li>-Lateral Bounding for 90 seconds</li> <li>-Forward/Backward Jogging for 2 minutes in each direction</li> </ul>

## References

- 1). Arthroscopic Management of Labral Tears in the Hip: A Systematic Review. Clinical Orthopaedics and Related Research. LWW. Accessed April 20, 2017.
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- 3). Groh MM, Herrera J. A comprehensive review of hip labral tears. SpringerLink. Published April 7, 2009. Accessed April 20, 2017.
- 4). Hip Arthroscopy Rehabilitation Protocol. Advanced Orthopaedics. Accessed April 19, 2017.
- 5). Macrina, L. MATA. In: Rehabilitation Guidelines after Hip Labral Repair. Waltham, MA. Accessed April 19, 2017
- 6). Sherry M. Rehabilitation Guidelines for Hip Arthroscopy Procedures. UW HEALTH SPORTS REHABILITATION. Rehab\_Hip\_Arthroscopy.pdf. Accessed April 19, 2017.

## Conclusion

The proposed protocol includes exercises to focus on range of motion, flexibility, balance, neuromuscular control, strengthening of the atrophied musculature (especially the gluteus medius and maximus), functional exercises, and lastly, cardiovascular re-conditioning for sport-specific activities. In conclusion, this research provides a valuable guideline for effective treatment and rehabilitation for clinicians treating acetabular labral tears.



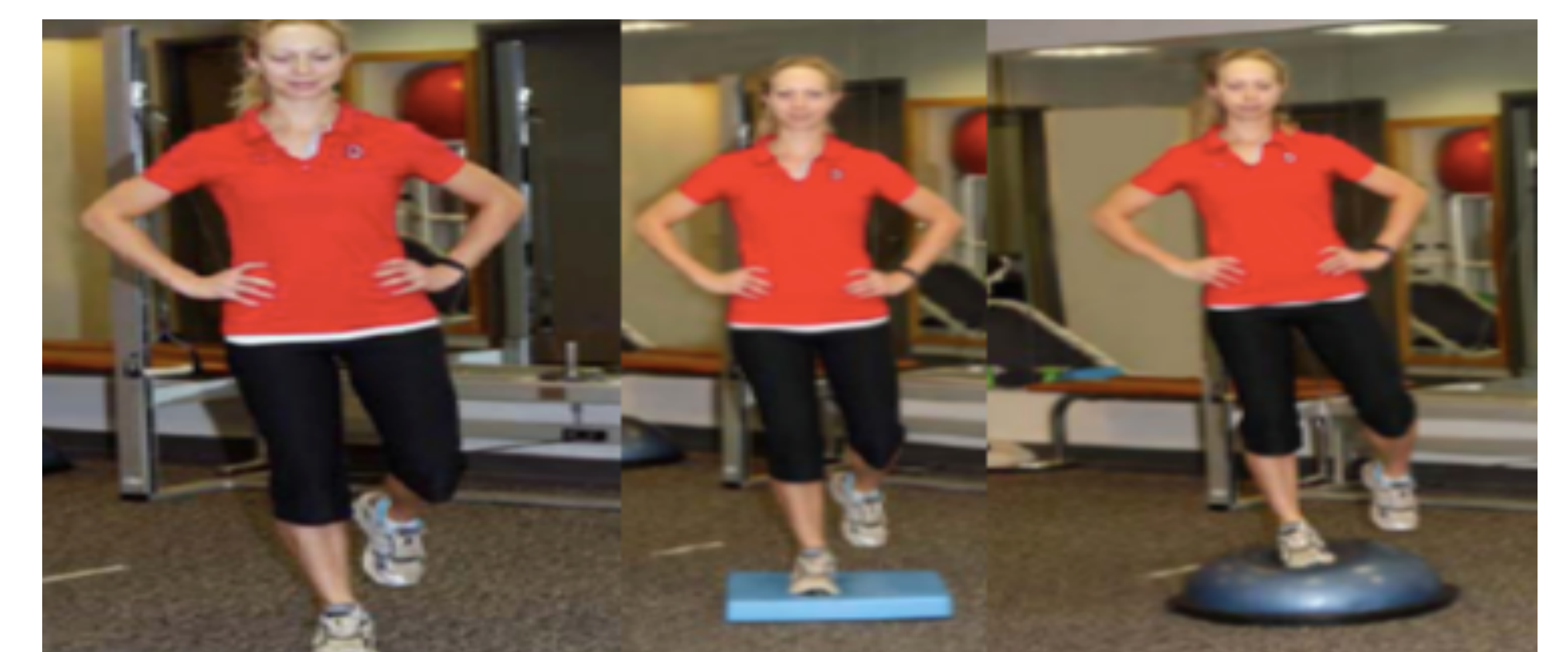
Circumduction at 70° Hip flexion



FABER Slides



Bridging Progression



Balance Progression