

## **Protected Weight-Bearing and Early Passive Mobilization are Common Components of Rehabilitation After Hip Arthroscopy with Labral Reconstruction**

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**INTRODUCTION:** The purpose of this study was to perform a systematic review of postoperative rehabilitation protocols following hip arthroscopy with labral reconstruction.

**METHODS:** A systematic review was performed by searching PubMed, the Cochrane Library, and Embase to identify studies reporting on postoperative rehabilitation protocols following hip arthroscopy with labral reconstruction. The search terms used were: *hip labral reconstruction*. Data extracted from each study included initial weight-bearing (WB) status, time to full WB, use of continuous passive motion (CPM), initial range of motion (ROM) limitations, use of a brace and duration of wear, physical therapy (PT) modalities used, and time to return to sports or activities.

**RESULTS:** Twenty-one studies met the inclusion and exclusion criteria, comprising 646 patients who underwent hip labral reconstruction. The mean patient age ranged from 32.0 to 43.7 years, with the mean follow-up ranging from 7.5 months to 76.8 months. Four studies allowed WB as tolerated (WBAT), one required non-weight bearing (NWB), while 16 studies permitted some form of protected WB (i.e. partial WB or touch-down WB) postoperatively, with all studies allowing full WB within 8 weeks. Six studies used a hip immobilization device after surgery and 7 studies implemented CPM within 12 to 24 hours postoperatively. Six studies reported ROM restrictions, limiting hip flexion anywhere from 30° to 90°. Among 5 studies that reported return to sport timelines, four (80%) permitted return by 6 months. While most protocols discussed physical therapy and progression to strength training, there were differing opinions on the timing and initiation of various exercises and therapy programs.

**DISCUSSION AND CONCLUSION:** This systematic review highlights the heterogeneity in postoperative rehabilitation protocols following hip arthroscopy with labral reconstruction, reflecting a lack of standardized, evidence-based guidelines.