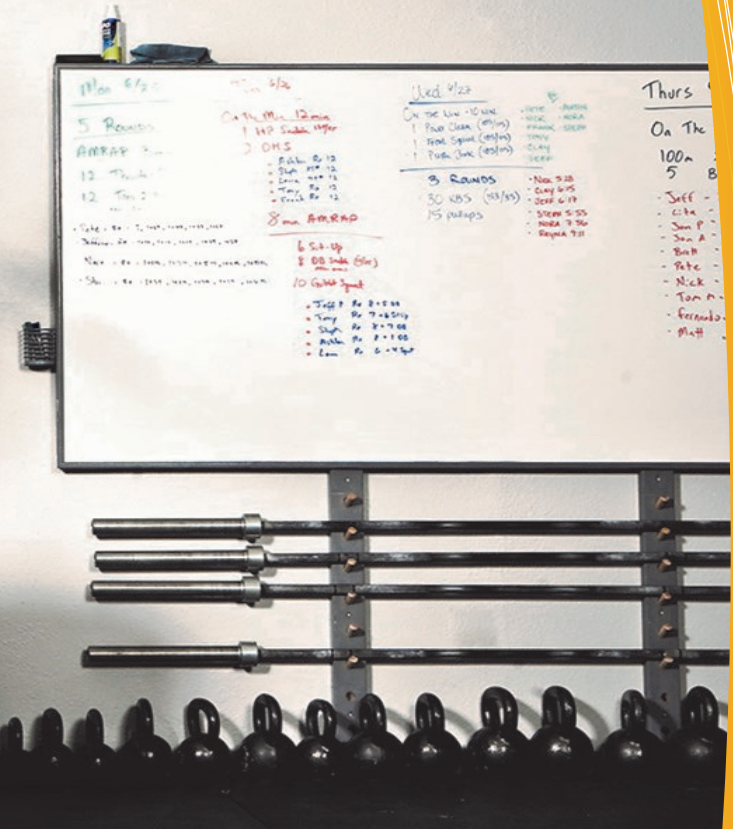


ORTHOPEDIC AND SPORTS MEDICINE CENTER

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REHAB PROTOCOLS



Labral Repair Or Reconstruction Rehab Protocol

Edited: April 2022

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PHASE I MAXIMUM PROTECTION

Goals	Strategies	Pool Program	Cardio Program
1. Protect the integrity of the repaired tissues 2. Diminish pain and inflammation 3. Restore range of motion within the restrictions 4. Prevent muscular inhibition 5. Education	Ice and compression: as needed Non-resistant stationary bicycle: 20 minutes 1-2x/day x 6 weeks Circumduction (passive motion): 2x/day x 2 wks then daily through 10 wks Laying on stomach MINIMUM two hours per day Lymphatic massage / soft tissue: as needed Pain-free gentle muscle stretching Isometrics	1. Deep water aquajogging with flotation belt: 10 minutes 2. Light kicking on back: 10 minutes 3. Standing abduction: Day 5: 3x10 4. Walking: forward, backward, lateral: Day 15: 4 minutes each direction 5. Swimming with pull-buoy (cardio) if swimming is normal activity	55-70% max heart rate up to 30 minutes 1. Upper body ergometry (UBE) 2. Single well-leg rowing 3. Swimming with pull-buoy

	Week 1	Week 2	Week3	Week 4	Week 5	Week 6
ROM	Stationary bike no resistance Log rolls IR at 90 Circumduction at 0	Previous week + Circumduction at 70 Soft tissue mobs	Previous week + Work to ROM limitations w PROM	Previous week + Start progressing to Full ROM	Previous week +	Expect symmetric ROM
Strength	Quad sets	Previous week + Transverse Abdominus Glute squeeze		Previous week + Double leg bridges Stool Rotations	Single leg stance	Pelvic floor
Stretch	piriformis	Previous week + Quadriceps Hamstrings	Previous week + Hip flexor	Previous + IT band	-1/2 kneel: gentle pelvic tilt for gentle stretch of iliopsoas	-Quadruped rocking (gentle prayer stretch) for flexion ROM
Arom/ AAROM		Supine ABD/ADD	Previous week + Cat and camel Standing abduction w IR	Previous week + Active reverse butterflies	Previous week + FABER slides	Balance progression

Criteria to advance to Phase II

1. Minimal complaints of pain with all Phase I exercises
2. Proper muscle firing pattern with all Phase I exercises
3. Minimal complaints of "pinching" sensation in the hip before 100 degrees of flexion
4. Full weight bearing is allowed and tolerated.

ROM RESTRICTIONS

0-120 Flexion until week 3
 0-45 Abduction until week 3
 No External Rotation for 2 weeks

WEIGHT BEARING

Gradual wean off crutches to WBAT

If Microfracture TTWB for 6 weeks

OTHER RESTRICTIONS & KEY CONSIDERATIONS

For first 6 weeks:

Avoid pinching/pain
 Avoid Psoas irritation
 Avoid ballistic stretching throughout
 Avoid volume based joint irritation

PHASE II CONTROLLED STABILITY AND EARLY STRENGTH

Goals	Strategies	Pool Program	Cardio/Upper body Program
1. Normalize gait 2. Restore full range of motion 3. Improve neuromuscular control, balance, proprioception 4. Initiate functional exercises maintaining core and pelvic stability	1. Gait training 2. Weight-shifting exercises 3. Non-resistant stationary bicycle until minimal six weeks 4. Circumduction (passive motion): as indicated in Phase I 5. Continue laying on stomach 6. Soft Tissue: as needed 7. Pain-free gentle muscle stretching 8. Active range of motion / early strengthening	1. Deep water aquajogging with flotation belt: 10 minutes 2. Light kicking on back: 10 minutes 3. Walking: forward, backward, lateral: 4 minutes each direction 4. Standing abduction bilateral: 3x10 5. Swimming with pull-buoy 6. Squats, lunges in waist deep water: 3x10	85% for Phase I cardio exercises 55%-70% for Phase II exercises 1. Swimming with pull-buoy 2. Resistance on bicycle 1. Pre-surgery upper body regimen: a. Dumbbells / Barbells b. Machines at lower resistance 2. Core conditioning: a. Planks, crunches b. Avoid hip flexor dominate exercises

	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Weight Shifting	Previous + Lateral and Forward Back	Previous + Romanian Dead lift	Previous + Work to ROM limitations w PROM	-Crab / monster walk	Initiate Alter G	
Strength/ AROM/ AAROM	Previous + Double leg bridges -Elliptical / stair stepper: 6-8 weeks	Previous + Prone Hip Extension Quadruped lumbar / core stabilization progression (Pelvic tilts to arm lifts to hip extension to opposite arm/leg raise)	Previous + Double knee bends -Balance progression: single leg balance to compliant/uneven surface -Step and squat progression	Previous + Resisted Stool rotations Double knee bend to calf raise -Slide board: hip abduction / adduction, extension, IR/ ER. No forced abduction. Stop short of any painful barriers.	Previous + Reverse lunge/ static hold Anterior / side plank progression	--Lunges all directions -Single leg squat Phase 5 – Sport Specific Trail
Stretch	Cont Previous	Cont Previous	Cont Previous			

Criteria to advance to Phase III

1. Gait is pain free and normalized
2. Full range of motion with mild “stiffness” into external rotation
3. No joint inflammation, muscular irritation, or pain
4. Successfully initiated functional exercises without pain and good neuromuscular control

SHOWERING

May Shower the day after surgery

Use waterproof bandages while showering then replace with gauze to protect clothing

Do this daily for 5 days after your surgery

MEDICATIONS

Pain medicine only as needed. Wean off as soon as possible

Indocin 3x/day x 14 days

ASA 325mg for 30 days

PHASE III RETURN TO SPORT

Goals	Strategies	Pool Program	Cardio/Upper body Program
<ol style="list-style-type: none"> Resume coordinated activities Improve lower body strength and conditioning 	<ol style="list-style-type: none"> Lower body cord workouts Plyometrics Running progression 	<p>1 Dependent on individual patient:</p> <ol style="list-style-type: none"> Swimming without pull-buoy (cardio) Functional: Running, Agility Breast stroke 	<p>85% max for all</p> <p>1 begin running progression, wean out of alter G</p> <p>Begin sport specific</p>

Side to Side Lateral Agility with cord

2 sets to fatigue, 3 times/week

Attach the sport cord from the side with the surgical leg facing the cord. Step sideways to create tension on the cord. The athlete will hop laterally with cord resistance from their surgical leg, land momentarily on their non-surgical leg, only to return onto their surgical leg with the cord pulling them back to the starting position for a total test time of 80 seconds. Each repetition of 1 second includes exploding laterally off the surgical side, landing momentarily on the opposite leg, and then returning to the starting position with emphasis on absorbing by bending at the hip and knee with 30 degrees of knee excursion. Excursion is defined as the amount of absorption from knee flexion at landing to max knee flexion.

Diagonal side to side with cord

2 sets to fatigue, 3 times/week

Attach the sport cord from the side with the surgical leg facing the cord. Step sideways to create tension on the cord. The athlete will hop diagonally forward at a 45° angle with cord resistance from their surgical leg, land momentarily on their non-surgical leg, only to return onto their surgical leg with the cord pulling them back to the starting position. The following repetition the athlete will hop diagonally backward at a 45° angle. The goal is 80 seconds total. Each repetition of 1 second includes exploding diagonally forward or backward at 45° angles off the surgical side, landing momentarily on the opposite leg, and then returning to the starting position with emphasis on absorbing by bending at the hip and knee with 30 degrees of knee excursion. Excursion is defined as the amount of absorption from knee flexion at landing to max knee flexion.

Forward Box Lunges with cord

2 sets to fatigue, 3 times/week

The athlete will perform alternating forward lunges onto a box with cord resistance at a cadence of 2 seconds per lunge for a goal of 2.5 minutes. The movement is a forward lunge with maximum hip extension without compensation at the pelvis or spine throughout the 2.5 minutes.

Plyometrics

10 sets, 1-2 minutes, 3-5 times/week

Begin with water: In chest deep water, perform forward bounding. Focus on absorption when landing. Progress to dry land plyos.

Criteria to advance to Phase IV

- 90% of contralateral strength
- Able to pass RTP criteria