ORTHOINDY
BONE·JOINT·SPINE·MUSCLE

Troy Roberson, MD
Orthopedic Sports Medicine Surgeon
[P] 317.802.2000 • [F] 317.802.2050
TroyRobersonMD.com

Labral Repair with Osteoplasty-Rim Trim

Name: _____ Date: _____ /_____ /_____

Phase I: Protection, Mobility and Activation (Weeks 0 to 4)

Touch-down (20 percent) with foot flat weight bearing for three to four weeks (Dr. Roberson will make decision at first post-op appointment). Avoid flexion greater than 90 degrees and ER greater than 30 degrees for two weeks.

Goals

- Protect tissues
- Decrease pain and inflammation
- Increase range of motion (ROM) within restrictions per Dr. Roberson
- Prevent muscular inhibition
- Promote correct muscle firing patterns with emphasis on core activation

Specific Exercises

- Immediate post-op: Week 3 (for POD 1 interventions see exercise sheet)
  - Upright bike (no resistance)
  - Passive range of motion (PROM)
    - Log roll, circumduction and all other planes (per restrictions)
    - Prone lying for more than two hours a day
  - Isometrics
    - TA, glut and quad sets
  - Joint mobility
    - Quadruped rocking and cat/camel
  - Manual therapy
    - Soft tissue and lymphatic drainage as necessary (no aggressive stretching)
  - Active range of motion (AROM)
    - Rotation (supine, prone and/or stool), adduction/abduction (supine)
  - Muscle activation/neuromuscular control
    - Prone terminal knee extension, double limb bridging, rotation progression
  - Aquatic therapy (see guidelines)
  - Modalities
    - Ice and compression
- Week 4
  - Continue with bike and mobility exercises as above
  - Stability/neuromuscular control
  - Gluteal muscle activation (sidelying, prone)
  - Gentle iliopsoas activation (supine, sitting)
  - Perturbation/core training (supine, prone, quadruped, high kneeling, half kneeling, UE movement)
  - Balance/proprioception
  - Weight shifting (anterior-posterior and medial-lateral)

Criteria for Progression

- Minimal palpable swelling
- Full weight bearing
- Range of motion greater than 75 percent of uninvolved side
- Pain less than 3 out of 10 on VAS scale with ADL's and 0 out of 10 on VAS scale with all Phase I exercises
- Muscle activation and firing patterns normal and without compensation with all Phase I exercises

Phase II: Stability and Neuromuscular Control (Week 5 to 8)

Goals

- Normalize gait pattern
- Restore full ROM
- Improve neuromuscular control, muscle imbalances, balance and proprioception
- Initiate functional exercise to improve movement patterns with emphasis on maintaining lumbopelvic and hip stability

Specific Exercises

- Upright bike (none to minimal resistance)
- PROM
  - Log roll, circumduction and all other planes
  - Prone lying for more than two hours a day
- Manual therapy
  - SIJ, L/S, T/S mobilizations; grades I to V and/or hip joint mobilization; grades I to IV (POW 6)
  - Soft tissue mobilization as necessary
- Flexibility
  - Stretching as necessary (continue to avoid aggressive stretching)
- AROM
  - All planes (supine, prone, stool and/or standing)
- Stability/neuromuscular control
  - Rotation progression
  - Single limb dead lift (i.e. RDLs), chops/lifts (kneeling, ½ kneeling), bridging progression
  - Planks, quadruped UE/LE lifts
  - Shuttle exercises/leg press
- Balance/proprioception
  - Double limb → Staggered stance → Single limb stance
- Aerobic conditioning
  - Biking, swimming, elliptical

Criteria for Progression

- Maintain all criteria from Phase I
- Pain-free and symmetrical gait pattern
- Full ROM
- No joint inflammation, muscle irritation or pain
- Normal muscle activation patterns and functional, non-painful patterns on the Selective Functional Movement Assessment (SFMA)
- Single limb balance for one minute with neutral pelvic alignment and no compensatory trunk lean
- Hip strength: hip flexion greater than 60 percent of uninvolved side; remaining planes greater than 70 percent of uninvolved side

Phase III: Strengthening (Weeks 9 to 16)

Goals

- Restore muscular strength and endurance
- Optimize neuromuscular control, balance and proprioception
- Restore cardiovascular endurance

Specific Exercises

- Upright bike
- PROM, joint mobility and flexibility as necessary
- Advanced neuromuscular control
  - Chops/lifts (squat, split squat, single limb stances), squats, lunges
- Strengthening
  - Double knee bends with sport cord, leg press, balance squat, lunges, single leg squats (without resistance → with sport cord)
- Aerobic conditioning
  - Biking, swimming, elliptical, running
- Sports-specific training
  - Initial agility drills (lateral agility, diagonal agility)

Criteria Progression

- Maintain all criteria from Phase II
- Hip strength: hip flexion greater than 70 percent of uninvolved side; remaining planes greater than 80 percent of uninvolved side
- LE Y-balance equal bilaterally
- FMS greater than 14
- Pass Hip Sport Cord Test (17 out of 20)
- Demonstration of initial agility drills with proper body mechanics specifically the ability of the limb to absorb body weight while avoiding excessive lateral trunk lean, hip adduction and internal rotation and valgus angulation of the knee

Phase IV: Return to Sport (Week 17 to 20 and Beyond)

Goals

- Restore power, speed and agility
- Ensure proper landing mechanics
- Ensure athlete can handle all physical demands of sport
- Independent maintenance program

Specific Exercises

- Sports-specific training (see additional appropriate progressions as pertains to below)
  - Advanced agility
  - Plyometrics
  - Speed
  - Power

Criteria for Progression

- Maintain all criteria from Phase III
- Cleared by Dr. Roberson
- Ability to perform sports-specific drills at full speed without pain
- Completed sport training and conditioning without pain or compensation