

## **Labral Repair**

- TTWB weight bearing (5-10 lbs of pressure) for 6 weeks.
- Suture removal 7-10 days post-op w/physical therapy or call the office (804) 379-8088
- Encourage, but limit hip flexion to 90 degrees.
  - Flexion inhibits adhesions within anterior capsule.
  - Flexion beyond 90 degrees starts to stress the repair site.
- Avoid external rotation/internal rotation! (nothing greater than 10 degrees in either direction)
  - 6 weeks
  - External rotation stresses anterior labrum.
  - Especially cautious in bed (bolster with pillow).

***\*This is a guideline for progression. It needs to be tailored to the individual. It is a “one size fits all” progression and may need to be adjusted to best fit the patient.***

### **Phase 1: Initial Exercise (Weeks 1-3)**

- Week 1
  - Ankle Pumps
  - Glut, quad, HS, adduction
  - Heel slides, active-assist range of motion
  - Log rolling (Internal rotation only)
  - Pelvic tilt
  - Double leg bridges
  - Seated heel raises
  - Seated knee extension
  - Prone positioning – POE, prone knee flexion
  - Standing abduction, adduction, extension, flexion without resistance
  - Upper body ergometer, upper body strengthening
  - Pain dominant hip mobilization- grades I
- Week 2 (in addition to above)
  - Standard stationary bike without resistance at (10min.if tolerated; **no more than 90 degrees of hip flexion**)
  - Supine marching (90 degrees), modified dead bug (90 degrees)
  - Superman
  - Abduction isometrics
  - 4 way theraband resistance on affected side (start very low resistance)
  - Ankle PNF
  - Pool water walking, ROM, march steps, lateral steps, backward walking, mini-squats, heel raises, hamstring and hip flexor stretches
- Week 3
  - Active range of motion with gradual end range stretch within tolerance
  - 3 way leg raises- abd, add, ext
  - Seated physioball progression- active knee extension

### **Goals**

- Protect integrity of repaired labrum
- Restore ROM within restrictions
- Diminish pain and inflammation
- Prevent muscular inhibition

### **Criteria for progression to phase 2**

- Minimal pain with phase 1 exercises
- 90 degrees of pain-free flexion
- Minimal range of motion limitations with internal rotation, extension and abduction

## **Phase 2: Intermediate exercises (Weeks 4-6)**

- Weeks 4 and 5
  - Gradually increase resistance with stationary bike
  - Crunches
  - Pool water ex.- flutterkick swimming, 4way hip with water weights, step-ups
- Week 6
  - Gradually wean off of crutches if no gait deviations
  - Passive ROM (gradually incorporate gentle external rotation and flexion short of pain→limit to 20 degrees of ER and 105 degrees of flexion)
  - Clamshells
  - Manual PNF
  - Crunches
  - Leg Press (minimal resistance→gradually increasing resistance to patient tolerance)
  - Weight shifts- standing, sitting supported, anterior/posterior, laterals, physioball
  - ¼ Mini squats, standing heel lifts, wall mini-squats, physioball mini-squats with cocontraction
  - Superman (quadruped position)
  - Standing theraband/pulley flexion, adduction, abduction and extension or Multi-hip
  - Standing heel raises
  - Single leg bridges/stabilization/alternate kickouts
  - Elliptical machine

### **Goals**

- Protect integrity of repaired tissue
- Increase ROM
- Normalize gait with no crutches
- Progressively increase muscle strength

### **Criteria for progression to phase 3**

- 105 degrees of flexion and 20 degrees of external rotation
- Pain-free/normal gait pattern
- Hip flexion strength >60% of the uninvolved side
- Hip adduction, extension, internal and external rotation strength >70% of the uninvolved side

## **Phase 3: Advanced exercises**

- Week 7
  - Restore full passive range of motion
  - Clamshells with resistive tubing/band
  - Single leg balance-firm to soft surface with external perturbation (ball catch, sports specific/simulated ex.)
  - Physioball hamstring ex.- hip lift, bent knee hip lift, curls, balance
  - Knee extensions, hamstring curls
  - Theraband PNF

- Sidestepping with resistance (pause on effected limb), sports cord walking forward and backward (pause on effected limb)
- Bosu squats
- Week 8
  - Full squats
  - Single stability ball bridges
  - Step-ups with eccentric lowering
  - Lunges progress from single plane to tri-planar lunges, add med balls for resistance and rotation
  - Theraband walking patterns-forward, side stepping, carioca, monster steps, backward, ½ circles forward/backward- 25yds. Start band at knee height and progress to ankle height
  - Side steps over cups/hurdles (with ball toss and external sports cord resistance), increase speed
  - Single leg body weight squats, increase external resistance, stand on soft surface

### **Goals**

- Restoration of muscular endurance/strength
- Restoration of cardiovascular endurance
- Optimize neuromuscular control/balance/proprioception

### **Criteria for Progression to phase 4**

- Hip flexion strength >70% of the uninvolved side
- Hip adduction, abduction, extension, internal and external rotation >80% of the uninvolved side
- Cardiovascular fitness equal to preinjury level
- Demonstration of initial agility drills with proper body mechanics

### **Phase 4: Sports specific training rehab clinic based progression**

- Weeks 9-11
  - All phase 3 exercises
  - Single leg pick ups, add soft surface
  - Pool running (progress from chest deep to waist deep), treadmill jogging
  - Step drills, quick feet step ups (4-6 inch box) forward, lateral, carioca
  - Plyometrics, double leg and single leg shuttle jumps
  - Theraband walking patterns 1rep of six exercises x 50yds, progress to band at knee height and ankle height

### **Sports specific training on field or court**

- Weeks 12 and on
  - Running progression
  - Sport specific drills
  - Traditional weight training

### **Criteria for full return to competition:**

- Full range of motion

- Hip strength equal to uninvolved side, single leg pick up with level pelvis
- Ability to perform sport-specific drills at full speed without pain
- Completion of functional sports test