

Name \_\_\_\_\_

Date \_\_\_\_\_

Physician \_\_\_\_\_



## Patient Flow Sheet

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# Labral Reconstruction with Osteoplasty-Rim Trim

*Touch-down (20%) with foot flat weight bearing for 3-4 weeks (Dr. Folk will make decision at 1<sup>st</sup> post-op appt)  
Avoid flexion >90° and ER >30° for 2 weeks*

### **Phase I: Protection, Mobility, and Activation (Weeks 0-4)**

#### *Goals*

1. Protect tissues
2. Decrease pain and inflammation
3. Increase ROM within restrictions per surgeon
4. Prevent muscular inhibition
5. 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)
  - PROM
    - Log roll, circumduction, & all other planes (per restrictions)
    - Prone lying for  $\geq 2$  hours/day
  - Isometrics
    - TA, glut, and quad sets
  - Joint Mobility
    - Quadruped rocking & cat/camel
  - Manual therapy
    - Soft tissue & lymphatic drainage as necessary (no aggressive stretching)
  - 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 & 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*

1. Minimal palpable swelling
2. Full weight bearing
3. Range of motion  $\geq 75\%$  of uninvolved side
4. Pain <3/10 on VAS scale with ADL's and 0/10 on VAS scale with all phase I exercises
5. Muscle activation and firing patterns normal and without compensation with all phase I exercises

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## **Phase II: Stability and Neuromuscular Control (Week 5-8)**

### *Goals*

1. Normalize gait pattern
2. Restore full ROM
3. Improve neuromuscular control, muscle imbalances, balance, and proprioception
4. 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, & all other planes
  - Prone lying for  $\geq 2$  hours/day
- Manual therapy
  - SIJ, L/S, T/S mobilizations - grades I-V &/or hip joint mobilization - grades I-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. RDL's), chops/lifts (kneeling, 1/2 kneeling), bridging progression
  - Planks, quadruped UE/LE lifts
  - Shuttle exercises/leg press
- Balance/Proprioception
  - Double limb  $\rightarrow$  Staggered stance  $\rightarrow$  Single limb stance
- Aerobic Conditioning
  - Biking, swimming, elliptical

### *Criteria for Progression*

1. Maintain all criteria from phase I
2. Pain-free and symmetrical gait pattern
3. Full ROM
4. No joint inflammation, muscle irritation, or pain
5. Normal muscle activation patterns and functional, non-painful patterns on the Selective Functional Movement Assessment (SFMA)
6. Single limb balance for 1 minute with neutral pelvic alignment and no compensatory trunk lean
7. Hip strength: hip flexion  $>60\%$  of uninvolved side; remaining planes  $>70\%$  of uninvolved side

## **Phase III: Strengthening (Week 9-16)**

### *Goals*

1. Restore muscular strength and endurance
2. Optimize neuromuscular control, balance, and proprioception
3. 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

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- 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*

1. Maintain all criteria from phase II
2. Hip strength: hip flexion >70% of uninvolved side; remaining planes >80% of uninvolved side
3. LE Y-balance equal bilaterally
4. FMS  $\geq$  14
5. Pass Hip Sport Cord Test (17/20)
6. 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 17-20+)**

#### *Goals*

1. Restore power, speed, and agility
2. Ensure proper landing mechanics
3. Ensure athlete can handle all physical demands of sport
4. Independent maintenance program

#### *Specific Exercises*

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

#### *Criteria for Progression*

1. Maintain all criteria from phase III
2. Cleared by physician
3. Ability to perform sports-specific drills at full speed without pain
4. Completed sport training and conditioning without pain or compensation

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