

Name \_\_\_\_\_

Date \_\_\_\_\_

Physician \_\_\_\_\_



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**Patient  
Flow Sheet**

## 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 1 – PROTECTED MOBILITY

**Weeks 1-2** Upright bike with no resistance  
Gentle AROM/PROM within precautions including log roll and circumduction  
Emphasize pain-free internal rotation  
Gentle soft tissue mobilization within precautions  
Isometric muscle activation including transverse abdominus, glute and quad sets  
Closed-chain mobility including cat/camel and pain-free quadruped rocking  
Core activation progression (supine/prone)  
Avoid heel slides and supine straight leg raises x 6 weeks

**Week 3-4** Continue with bike and mobility exercises above  
Emphasis on gluteal muscle activation, gentle hip flexor activation, and core stability  
Begin aquatic therapy as soon as incisions heal

### Phase 2 – STABILITY AND CONTROL

**Week 5-8** Continue upright bike adding minimal resistance  
Continue to maximize AROM/PROM adding lumbosacral and hip mobilization if indicated  
Gradually introduce closed chain muscle activation and balance progression  
Gradual shuttle progression

**Week 8** Progress closed chain muscle activation/stability exercises  
Begin swimming and elliptical for cardiovascular endurance

### Phase 3 – STRENGTH

**Week 9-16** Ensure full AROM/PROM and symmetrical flexibility  
Squat, lunge and core stability progression

### Phase 4 – RETURN TO SPORT

**Week 16-20+** Prepare for and pass Hip Sport Cord Test (17/20)  
Gradual progression of sport-specific training and advanced agilities

### Return to Activities

Golf – chip/putt 3-4 months  
Running 4 months  
Cutting/pivoting sport 5-6 months

### Surgeon Comments: