

# Acetabular Labral Repair (Dr. Bokshan)

## Phase 1 (weeks 0-3)

PT EVAL 3-5 days post op

- Remove surgical bandages and cover incisions with gauze + Tegaderm- OK to shower when covered
  - Exception: do not remove Aquacel bandages

Precautions:

- Avoid active hip flexion/SLR (3 weeks)
- PROM should be pain free
- Do NOT sit >20-30 minutes
- WBAT (assistive device PRN for proper gait pattern)

ROM:

- Flexion- 90 degree limit
- Avoid Extension
- Abduction- 30 degree limit
- IR- 30 degree limit
- ER- 20 degree limit
- Circumduction- perform at 30 and 70 degrees Flexion

Exercises:

- Prone lying
- Prone glut sets, hamstring curls
- Gait training
- Supine core without hip flexion

## Phase 2

Precautions:

- Continue to limit active hip flexion (reduce anterior hip pain)
- Avoid resistance to OKC abduction motions
- Begin gentle capsule mobilizations PRN

Goals:

- Regain hip ROM necessary for functional activities
- Improve glut contraction in OKC and CKC
- 30 second sit to stand test, pain free and without compensation
- SL stance for 30s, pain free and without compensation
- Unrestricted, pain-free stair navigation

Exercises: (progression as tolerated, without pain)

- Plank and side plank, with good form
- Resisted hip flexion, abduction, extension
- Squats
- Step up/down
- Elliptical

### **Phase 3**

Precautions:

- Avoid pain
- Proper form with load and volume progressions

Goals:

- SL squat to 60 degrees with proper form
- Y balance test 90%
- Dynamometer/Tindeq strength 90% to contralateral LE

Exercises:

- Focus on functional exercises in all planes
- Advanced LE and core strength, endurance, balance
- Begin running, plyometrics, agility, cutting (12 wks)
  - When strength goals are met
  - Return to Sport Battery [www.conehealth.com/orthocare/resources/#rehab](http://www.conehealth.com/orthocare/resources/#rehab)

Plan of care length from this point depends on patient goals and functional activity requirements.

# PHASE 1

## PT Pointers:

- NO Active open chain hip flexor activation.
- Emphasize Proximal Control.

## Exercise Examples:

Date of surgery:	Week	1	2	3	4	5	6
Stationary bike (20 min, Increase time at week 3 as patient tolerates)	Daily	✓	✓	✓	✓	✓	✓
Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament)	Daily (20-30 minutes each session)	✓	✓	✓	✓	✓	✓
Isometrics -quad, glutes, TA	daily	✓	✓				
Diaphragmatic breathing	daily	✓	✓				
Quadriped -rocking, pelvic tilts, arm lifts	daily	✓	✓	✓			
Clams/reverse clams	daily	✓	✓	✓			
TA activation with bent knee fall outs	daily	✓	✓	✓			
Bridging progression	5x/week		✓	✓	✓	✓	✓
Prone hip ER/IR, hamstring curls	5x/week		✓	✓	✓	✓	✓

## PHASE 2

### PT Pointers:

-Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns.

-Provide tactile and verbal cueing to enable non-compensatory gait patterning.

-Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises.

-If Micro Fracture was performed, Hold all weight bearing exercises until week 6.

### Exercise Examples:

Date of Surgery:	Week	3	4	5	6	7	8	9	10
Continuation of soft tissue mobilization to treat specific restrictions	2x/week	✓	✓	✓	✓	✓	✓	✓	✓
Joint Mobilizations posterior/inferior glides	2x/week			✓	✓	✓	✓	✓	✓
Joint Mobilizations anterior glides	2x/week					✓	✓	✓	✓
Prone hip extension	5x/week	✓	✓	✓					
Tall kneeling and ½ kneeling w/ core and shoulder girdle strengthening	5x/week	✓	✓	✓	✓				
Standing weight shifts: side/side and anterior/posterior	5x/week	✓	✓						
Backward and lateral walking no resistance	5x/week	✓	✓						
Standing double leg ⅓ knee bends	5x/week		✓	✓	✓				
Advance double leg squat	5x/week				✓	✓	✓	✓	✓
Forward step ups	5x/week				✓	✓	✓	✓	✓
Modified planks and modified side planks	5x/week				✓	✓	✓	✓	✓
Elliptical (begin 3 min, ↑ as tolerated)	3x/week				✓	✓	✓	✓	✓

### Phase 3

PT Pointers:

- Focus on more FUNCTIONAL exercises in all planes.
- Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises.
- More individualized, if the patients demand is higher than the rehab will be longer.

Exercise Examples:

Date of surgery	Week	8	9	10	11	12	16
Continue soft tissue and joint mobilizations PRN	2x/week	✓	✓	✓	✓	✓	
Lunges forward, lateral, split squats	3x/week	✓	✓	✓	✓	✓	✓
Side steps and retro walks w/ resistance (begin w/ resistance more proximal)	3x/week	✓	✓	✓	✓	✓	✓
Single leg balance activities: balance, squat, trunk rotation	3x/week	✓	✓	✓	✓	✓	✓
Planks and side planks (advance as tolerated)	3x/week	✓	✓	✓	✓	✓	✓
Single leg bridges (advance hold duration)	3x/week	✓	✓	✓	✓	✓	✓
Slide board exercises	3x/week			✓	✓	✓	✓
Agility drills (if pain free)	3x/week			✓	✓	✓	✓
Hip rotational activities (if pain free)	3x/week			✓	✓	✓	✓

### Phase 4

PT Pointers:

- It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery.
- Perform a running analysis prior to running/cutting/agility.
- Assess functional strength and obtain proximal control prior to advancement of phase 4.

Date of surgery	Week	16	20	24	28	32
Running		In Alter G	✓	✓	✓	✓
Agility			✓	✓	✓	✓
Cutting				✓	✓	✓
Plyometrics				✓	✓	✓
Return to sport specifics				✓	✓	✓