

Rehabilitation Protocol: Non-Operative Acetabular Labrum

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-2) May progress to Phase II as pain improves

- **Weightbearing:** As tolerated. Crutches if painful weight bearing until pain dissipates
- **Range of Motion** – FROM limited by pain
- **Modalities:** Stim, Ultrasound
- **Therapeutic Exercises**
 - **Avoid** exercises that engage iliopsoas (eg. No straight leg raises, resisted hip flexion, abductors)
 - Transversus abdominis/multifidus isolated contraction
 - Straight plane distraction, force applied to lower leg
 - Inferior glide (patient supine, hip & knee at 90°, force on anterosuperior thigh)
 - Posterior glide (patient supine, hip and knee at 90°, force applied through knee)
 - Isometrics: quad, glute, hamstring, hip abductor/adductor strengthening
 - Weight shifting, standing hip abduction, double leg bridging, sidelying leg raises in IR
 - Upper body ergometer

Phase II (Weeks 2-6) Progress to Phase III when proprioception/balance/strength normal

- **Weightbearing:** As tolerated
- **Range of Motion** – Full active ROM. Maitland's manual mobilization (grades 3 and 4), pelvic rotation maneuver, sacroiliac distraction
- **Therapeutic Exercises**
 - Core (lumbopelvic stabilization) exercises: lateral bridge, mini squat
 - Closed chain extension exercises, Hamstring strengthening
 - Lunges – 0-90°, Leg press – 0-90°
 - Proprioception exercises
 - Begin use of the stationary bicycle
 - Standing hip flexion/extension; Standing hip abduction/adduction near support bar
 - Sidestepping gait with band, single leg squat, balanceboard, dynadisc, jumping board

Phase III (Weeks 6-10)

- **Weightbearing:** Full weightbearing with normal gait pattern
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
 - Continue with quad and hamstring strengthening
 - Focus on single-leg strength
 - Begin jogging/running
 - Plyometrics and sport-specific drills
 - Gradual return to athletic activity as tolerated
 - Maintenance program for strength and endurance

Comments: Patients should avoid tibial rotation for 4-6 weeks post-op

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____