LABRAL REPAIR WITH CAPSULAR SHIFT CLINICAL PRACTICE GUIDELINE

Rehabilitation Protocol

Contact Information:

- For questions, contact Dr. Sujan Gogu's clinic.

Progression:

- Time and criterion-based, considering soft tissue healing, patient demographics, and clinician evaluation.

Rehabilitation Precautions

1

Weight Bearing

- As tolerated.
- Discontinue assistive device within the first 2-3 weeks as gait mechanics normalize.

2

Range of Motion

- Flexion within pain-free range, avoiding anterior impingement.

3

Anterior Repair

- Extension and external rotation within pain-free range, no overpressure.

4

Posterior Repair

- Flexion, adduction, and internal rotation within pain-free range, limit overpressure.
- Use both weight-bearing and non-weight-bearing mobility techniques.
- Chondroplasty procedures follow the same parameters.

5

Bracing

- No post-operative bracing unless specified by the surgeon.

6

Other Precautions

- Avoid pushing through hip flexor pain/inflammation.
- No ballistic or forced stretching.

PHASE -I	
Initial Exercise Goals	• Protect the integrity of repaired tissue. • Restore ROM within restrictions. • Reduce pain and inflammation. • Prevent muscular inhibition.
Weeks 0-4	
Range of Motion (ROM)	**Passive hip circumduction:** • First post-op visit until gait is normal and pain-free. • 5 min clockwise/counterclockwise each at slight flexion (10 min total). • 5 min clockwise/counterclockwise each at 30 degrees flexion (10 min total). • "Belly time": Lie prone twice a day for 20 minutes. • Stationary bicycle with minimal to no resistance. **Aquatic ambulation:** • Emphasize neutral ambulation to avoid capsular stretch at week 3. • Standing pendulum swings. • Active-assistive range of motion in all directions.

	• Prone prop hip flexor stretch, progressing to half-kneeling hip flexor stretch at week 3. **Posterior capsule stretching** • Quadruped rocks.
Manual Therapy	• Iliopsoas release
Strengthening	• **Glute activation:** Prone hip extension over ball/pillows (focus on isolating glutes, avoid knee flexion). • Isometric contraction of quadriceps, gluteals, transverse abdominis, hamstrings. • Isometric contraction of hip abduction and adduction, prone internal rotation (IR) and external rotation (ER). • *At week 2-3:* Straight leg raises (SLR) in extension, abduction, and adduction • Supine bridging (with or without theraband). • *At week 3:* Clamshells (supine and sidelying) • Leg Press/Shuttle with low resistance.
Criteria for Progression to Next Phase	**1.** Decrease in edema. **2.** Minimal pain with exercises. **3.** Normalized gait. **4.** ROM ≥ 75% of the uninvolved side. **5.** Proper muscle activation for initial exercises.
Weeks 4-6	
Range of Motion (ROM)	• Continue with stationary bike. • Continue with mobility exercises. • Manual Therapy (long axis distraction and anterior/posterior mobilizations).
Manual Therapy	• Iliopsoas release. • Grade III multi-angle joint mobilizations with and without

	movement.
Strengthening	• Double leg mini squats. • Progressive trunk and lumbopelvic strengthening. • Bridging with swiss ball. • Side abdominal bridge. • Functional weight-bearing strengthening. • Leg Press/Shuttle progression to single-leg strengthening. • Terminal knee extensions (TKEs).
Criteria for Progression to Next Phase	1. Ability to perform single-leg stance. 2. Normalized gait without assistive device. 3. No pain with exercises. 4. Full range of motion.

Phase II – Intermediate Phase (Weeks 6-8)	
Goals	• Protect the integrity of the repaired tissue. • Restore range of motion (ROM). • Gradually increase muscle strength and proprioceptive retraining. • Emphasis on enhancing rotational strength and stability.
Range of Motion (ROM)	• Continue using the stationary bike. • Use stair-climber or upright elliptical for ROM and endurance.
Strengthening Exercises	• Partial range lunges. • Single leg balance exercises. • Sidestepping with resistance. • Step downs (heel touch). • Single knee bends. • Single leg cord rotations.

	• Single limb balance on a dynadisc. • Mini-squats on a BOSU ball.
Criteria for Progression to Next Phase	**1.** Improved functional strength and endurance without symptom exacerbation. **2.** Full, pain-free ROM. **3.** Hip flexion strength > 60% of the uninvolved side. **4.** Hip adduction, abduction, extension, internal rotation (IR), and external rotation (ER) strength > 70% of the uninvolved side.

Phase III – Advanced Rehabilitation (Weeks 8-12)	
Goals	• Restore muscular strength and endurance. • Restore cardiovascular endurance. • Optimize neuromuscular control, balance, and proprioception.
Range of Motion (ROM)	• Continue with previous exercises and include stretching.
Strengthening Exercises	• Progress single limb balance on unstable surfaces. • Progress lower extremity (LE) and trunk strengthening from stable to unstable surfaces (include rotational components): ➢ Squat progression (double leg to single leg). ➢ Chops and lifts (half kneeling, tall kneeling, lunge). • Focus on proper alignment during landing mechanics. • Sport cord jogging. • Begin shuttle plyometrics: ➢ Progress from bilateral to single LE. ➢ Progress from straight plane to rotational component.

	• Initiate walking-jogging progression. • Swimming (avoid rotational kicks).
Criteria for Progression to Next Phase	Perform plyometrics without exacerbation of symptoms.
Weeks 12-18	
Range of Motion (ROM)	Continue exercises within tolerance, including pre-exercise warm-up.
Strengthening	• Maintain neuromuscular strengthening with a focus on hip and pelvic stability. • Progress jogging routine. • Perform full weight-bearing (FWB) plyometric exercises. • Start multi-directional agility drills and sport-specific exercises.
Criteria for Progression to Next Phase	**1.** Ability to perform sport-specific drills at moderate speed without pain. **2.** Hip flexion strength > *70%* of the uninvolved side. **3.** Hip abduction, adduction, extension, internal rotation (IR), and external rotation (ER) strength > *80%* of the uninvolved side. **4.** Complete functional sport test: ➢ Achieve 3 cross-over hop test for distance within 15% of the uninvolved limb. **5.** Demonstrate proper technique in initial agility drills.
3-6 Months	
Sport-Specific Training	• Engage in sport-specific drills: o Carioca, Z-cuts, W-cuts, Ghiardelli's, etc. • Undergo functional testing.

Criteria for Full Return to Sport	**1.** Obtain physician clearance at the final check-up. **2.** Achieve hip strength > 85% compared to the uninvolved side. **3.** Show significant improvement in the outcome questionnaire. **4.** Ability to perform sport-specific drills at maximum speed without pain.