

# TOA

TENNESSEE ORTHOPAEDIC ALLIANCE

## TFL Debridement and Repair

### General

- **WB restrictions:** TDWB for 4 weeks with gradual return to WBAT
- **ROM restrictions:**
  - No flexion past 90 degrees, ER past 30 degrees for first 2 weeks
  - No active abduction for 3 weeks

### Phase 1 – Protection, Mobility, and Activation (0-4 weeks)

**Goals:** Protect repaired tissue, restore ROM within restricted limits, decrease pain, prevent muscular inhibition, promote correct muscle firing patterns with emphasis on core activation

#### **Weeks 1-2:**

- Upright bike (no resistance)
- PROM
  - Log roll, circumduction, & all other planes (per restrictions)
  - Prone lying for > 2 hours/day
- Isometrics
  - TA, glut, and quad sets
- Manual Therapy
  - Soft tissue mobilization & lymphatic drainage as necessary
- AROM
  - Rotation (supine, prone, and/or stool), adduction/abduction (supine)
- Muscle Activation/Neuromuscular Control
  - Prone terminal knee extension, double limb bridging, rotation progression

#### **Weeks 3-4:**

- Continue with bike and mobility exercises as above
- Stability/Neuromuscular Control
  - Gluteal muscle activation (sidelying, prone)
  - Hip flexor activation (supine, sitting)
  - Perturbation/core training (supine, prone, quadruped, high kneeling, half kneeling, UE movement)
- Balance/Proprioception
  - Weight shifting (Anterior-Posterior and Medial-Lateral)

#### **\*Prior to progressing into phase 2:**

- Pain <2/10 with phase 1 activities
- Pain free full WB
- ROM approximately 75% of uninvolved side
- Independent activation/co-contraction of phase 1 exercises

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## **Phase 2 – Stability and Neuromuscular Control (5-8 weeks)**

**Goals:** Restore full ROM, restore normal gait pattern, improve neuromuscular control, proprioception, initiate functional exercise to improve movement patterns with emphasis on maintaining lumbopelvic and hip stability

### **Weeks 5-8:**

- Upright bike (none to minimal resistance)
- PROM
- Log roll, circumduction, & all other planes
- Manual therapy
  - SIJ, L/S, T/S mobilizations – grades I-V &/or hip joint mobilization – grades I-IV (POW #6)
  - Soft tissue 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 (limited weight)
- Balance/Proprioception
  - Double limb ≠ Staggered stance ≠ Single limb stance
- Aerobic Conditioning
  - Biking, swimming, elliptical; Balance: single leg stance on unstable surface/with UE manipulation

### **\*Prior to progressing into Phase 3:**

- Pain free with all ADLs
- Full ROM
- Normal gait pattern while walking
- Single limb balance for 1 minute w neutral pelvic alignment and no compensatory trunk lean
- Hip flexion 60% of uninvolved side; Hip Add, Abd, ER and IR 80% of uninvolved side

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## ***Phase 3 – Strengthening (9-16 weeks)***

**Goals:** Restore muscular endurance, restore cardiovascular endurance, optimize neuromuscular control, balance and proprioception

### **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
  - Double knee bends with sport cord, leg press, balance squat, single leg squats (without resistance ‡ with sport cord)
- Aerobic Conditioning
  - Biking, swimming, elliptical, running
- Sports-Specific Training
  - Agility Drills (lateral and diagonal)

### **\*Completion**

- Maintain all criteria from phase II
- Hip strength: hip flexion >70% of uninvolved side; remaining planes >80% of uninvolved side
- LE Y-balance equal bilaterally
- FMS > 14
- Pass Hip Sport Cord Test (17/20)
- 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

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