Arthroscopic Labral Debridement with or without FAI Component
Rehab Protocol Prescription

Patient Name:                  Date:

Diagnosis: FAI labral tear     Frequency: 2-3 visits/week  Duration: 4 months

General Guidelines:
- Normalize gait pattern with brace and crutches
- Weight-bearing as noted below
- CPM machine 4 hours/day or 2 hours if on bike

Rehabilitation Goals:
- Seen post-op day 1 or 2
- Seen 1x/week for first month
- Seen 2x/week for second month
- Seen 2-3x/week for third month

Precautions following Hip Arthroscopy/FAI: (Debridement/Osteochondroplasty)
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on rotation and flexion

Guidelines:

Weeks 0-2
- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x/day)
- Scar massage
- Hip PROM as tolerated
- Supine hip log rolling for rotation

Adapted from www.bryankellymd.com
- Bent knee fall outs
- Hip isometrics – NO FLEXION
  - ABD/ADD/EXT/ER/IR
- Pelvic tilts
- Supine bridges
- Neuromuscular electrical stim to quads with short arc quads
- Stool rotations (Hip AAROM ER/IR)
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Gait training PWB with bilateral crutches
- Modalities

**Weeks 2-4**
- Continue with previous therapy
- Progress weight-bearing
  - Wean off crutches (2→1→0)
- Progress with hip ROM
  - External Rotation with FABER
  - Prone hip rotations (ER/IR)
  - BAPS board rotations in standing
- Glut/piriformis stretch
- Progress core strengthening (avoid hip flexor tendonitis)
- Progress with hip strengthening-isotonics all directions except flexion
  - Start isometric sub max pain free hip flexion (3-4 weeks)
- Step downs
- Clam shells→isometric side-lying hip abduction
- Hip hiking (week 4)
- Begin proprioception/balance training
  - Balance boards, single leg stance
- Bike / Elliptical
- Scar massage
- Bilateral cable column rotations
- Treadmill side stepping from level surface holding on → inclines (week 4)
- Aqua therapy in low end of water (No treading water)

**Weeks 4-8**
- Continue with previous therapy
- Progress with ROM
  - Hip Joint mobs with mobilization belt
    - Lateral and inferior with rotation
    - Prone posterior-anterior glides with rotation
  - Hip flexor and It-band Stretching – manual and self
- Progress strengthening LE
  - Introduce hip flexion isotonics (Be aware of hip flexion tendonitis)
  - Multi-hip machine (open/closed chain)
  - Leg press (bilateral→unilateral)

Adapted from www.bryankellymd.com
- **Isokinetics**: knee flexion/extension
  - Progress core strengthening (avoid hip flexor tendonitis)
    - Prone/side planks
  - Progress with proprioception/balance
    - Bilateral → unilateral → foam → dynadisc
  - Progress cable column rotations – unilateral → foam
  - Side stepping with theraband
  - Hip hiking on stairmaster

**Weeks 8-12**
- Progressive hip ROM
- Progressive LE and core strengthening
- Endurance activities around the hip
- Dynamic balance activities

**Weeks 12-16**
- Progressive LE and core strengthening
- Plyometrics
- Treadmill running program
- Sport specific agility drills

**3, 6, and 12 months Re-Evaluate (Criteria for discharge)**
- Hip outcome score
- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Biodyne test of quadriceps and hamstrings peak torque within 15 percent of uninvolved
- Single leg cross-over triple hop for distance:
  - Score of less than 85% are considered abnormal for male and female
- Step down test

**Concerns or questions:**
Duncan (clinical nurse specialist) at (314) 577-8525 / email: dmchardy@slu.edu
General office at (314) 256-3850 (ABI Clinic) or (314) 768-1050 (St Mary’s Clinic)
Cardinal Glennon (314) 577-5646

**Physician Signature:**

Adapted from www.bryankellymd.com