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Sports Medicine and Shoulder Service

### 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

- 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)
- Quadraped 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 isotonic (Be aware of hip flexion tendonitis)
  - Multi-hip machine (open/closed chain)
  - Leg press (bilateral→unilateral)

- 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
- Biodex 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:**