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Arthroscopic Labral Re-fixation 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:

- No active external rotation for 4 weeks
- 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: (Refixation/Osteochondroplasty)

- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis
- Manage scarring around portal sites
- Increase range of motion focusing on rotation and flexion, careful of external rotation, and aggressive extension

Guidelines:

Weeks 0-2

- NO EXTERNAL ROTATION > 20 degrees
- CPM for 4 hours/day
- Bike for 20 minutes/day (can be 2x/day)

Adapted from www.bryankellymd.com

- Scar massage
- Hip PROM as tolerated (No ER)
- Supine hip log rolling for internal rotation
- Progress with ROM
    - Introduce stool rotations (AAROM hip IR)
- Hip isometrics – NO FLEXION
    - Abduction, adduction, extension, ER
- Pelvic tilts
- Stool rotations for IR
- Supine bridges
- Neuromuscular electrical stim to quads with short arc quads
- Quadruped rocking for hip flexion
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- Gait training PWB with assistive device
- Modalities

Weeks 2-4

- Continue with previous therapy
- Progress weight-bearing (week 3)
    - Week 4: wean off crutches (2→1→0)
- Progress with hip ROM
    - Bent knee fall outs (week 4)
    - Stool rotations for ER (week 3-4)
- 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 (week 4)
- Treadmill side stepping from level surface holding on → inclines (week 4)
- Aqua therapy in low end of water

Weeks 4-8

- Continue with previous therapy
- Progress with ROM
    - Standing BAPS board rotations
    - External rotation with FABER
    - Hip Joint mobs with mobilization belt
        - Lateral and inferior with rotation
        - Prone posterior-anterior glides with rotation

    - Hip flexor, glute/piriformis, 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)
    - Isokinetics: knee flexion/extension
- Progress core strengthening (avoid hip flexor tendonitis)
    - Prone/side planks
- Progress with proprioception/balance
    - Bilatral→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:

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Physician Signature: