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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

Adapted from www.bryankellymd.com
➢ 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
    ➢ 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
- Biodeg 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:**