



**Department of Orthopaedic Surgery  
Sports Medicine and Shoulder Service**

**Hip Arthroscopy for FAI with Labral Repair 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)
- 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 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