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FAI with Labral Debridement and Partial Psoas Release

General Guidelines

- Weight bear as tolerated
- Crutches until normal gait
- Start use of stationary bicycle beginning post operative day 2
 - 20 minutes per day
 - Elevate seat as high as necessary for hip comfort initially. Progressively lower as it becomes more comfortable.
 - Use nonoperative leg to pedal and let operative leg to have gentle passive motion

Post-op Days 1 – 14

Goals: Pain control and early range of motion

- POD 10-14: Sutures out

Therapy:

Gait Training
Bike for 20 minutes/day
Scar massage to portals and hip flexor tendon
Hip PROM as tolerated - perform hip circles
Supine hip log rolling for rotation
Bent Knee Fall Outs
Hip isometrics - NO FLEXION
ABD/ADD/EXT/ER/IR
Pelvic tilts
Supine bridges
NMES to quads with SAQ
Stool rotations/prone rotations
Quadruped rocking for hip flexion
Sustained stretching for psoas with cryotherapy (2 pillows under hips)
Stool hip flexor and adductor stretch

Weeks 2 – 6

Goals: Wean off of crutches, regain full hip ROM

Therapy:

Continue with previous exercises and scar massage
Wean off crutches once gait is normalized
Progress with hip ROM and hip circles to full motion

External Rotation with FABER
BAPS 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 (4-5 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
Bilateral Cable column rotations
Aqua therapy in low end of water

Weeks 6 – 12

Goals: Full AROM, progressive hip strength

Therapy:

Continue with previous exercises and core strengthening
Progress with ROM to full
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)
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
Treadmill side stepping from level surface holding on inclines
Dynamic balance activities

Months 3 -4

Goals: Full AROM, progressive strengthening, return to full activities and sports

Therapy:

Progressive LE and core strengthening
Plyometrics
Treadmill running program
Sport specific agility drills

Measurement goals:

- 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