



FAI with Labral Repair

General Guidelines

- Crutches for 4 weeks, partial weight bearing
- 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:

NO EXTERNAL ROTATION > 20 degrees

Bike for 20-30 minutes/day

Scar massage

Hip PROM as tolerated with focus on flexion

IR as tolerated

ER max 20 deg

Supine hip log rolling for internal rotation and modified external rotation

Progress with ROM

Introduce stool rotations (AAROM hip IR/ER max to 20)

Hip isometrics - NO FLEXION

Abduction, adduction, extension, ER

Pelvic tilts

Supine bridges

NMES to quads with SAQ with pelvic tilt

Quadruped rocking for hip flexion

Gait training PWB with assistive device to normalize gait

Modalities

Weeks 2 – 6

Goals: Wean off of crutches after 4 weeks, regain hip ROM

Therapy:

Wean off crutches when gait is normalized

Progress with hip ROM

Bent knee fall outs (week 4)
Stool rotations for ER (week 3-4) max 30 degrees
Prone hip ER/IR (week 4)
Glut/piriformis stretch
Progress core strengthening (avoid hip flexor tendonitis)
Progress with hip strengthening – isotonic all directions except flexion
Start isometric sub max pain free hip flexion(3-4 wks)
Step downs
Clam shells » isometric side-lying hip abduction
Hip Hiking (week 4)
Begin proprioception/balance training
Balance boards, single leg stance
Bike / Elliptical (week 6)
Scar massage
Bilateral Cable column rotations (week 4)
Aqua therapy in low end of water if available

Weeks 6 – 12

Goals: Full AROM, progressive hip strength

Therapy:

Elliptical
Progress with ROM
Standing BAPS rotations
Prone hip rotation ER/IR
External rotation with FABER
Hip joint mobs with mobilization belt into limited joint range of motion ONLY IF NECESSARY
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
Treadmill side stepping from level surface holding on » inclines (week 4) when good gluteus medius lateral

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