Non-Operative Labral/FAI Hip Rehabilitation Guideline

This rehabilitation program is designed to return the individual to their activities as quickly and safely as possible. It is designed for rehabilitation following Non Operative Labral/FAI Hip Rehabilitation guideline. Modifications to this guideline may be necessary dependent on physician specific instruction, specific tissue healing timeline, chronicity of injury and other contributing impairments that need to be addressed. This evidence-based Non Operative Labral/FAI Hip Rehabilitation guideline is criterion-based; time frames and visits in each phase will vary depending on many factors including patient demographics, goals, and individual progress. This guideline is designed to progress the individual through rehabilitation to full sport/activity participation. The therapist may modify the program appropriately depending on the individual’s goals for activity following Non Operative Labral/FAI Hip Rehabilitation guideline.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient’s post injury care, based on exam/treatment findings, individual progress, and/or the presence of concomitant injuries or complications. If the clinician should have questions regarding progressions, they should contact the referring physician.

**General Guidelines/ Precautions:**

- 6-8 weeks of supervised physical therapy
- Avoid exercises or activities that cause either anterior or lateral impingement
- Be aware of low back or SI joint dysfunction
- Pay close attention for any onset of flexor or abductor tendinitis
- Modification of activity with focus on decreasing inflammation takes precedence if tendinitis occurs.
- Patient’s with preoperative weakness in proximal hip musculature are at increased risk for postoperative tendinitis.
# Non-Operative Labral/FAI Hip Rehabilitation Guideline

<table>
<thead>
<tr>
<th>Phase</th>
<th>Suggested Interventions</th>
<th>Goals/ Milestones for Progression</th>
</tr>
</thead>
</table>
| **Phase I** | **Suggested Treatments:**  
Modalities as indicated: Edema/inflammation controlling pain (i.e. laser)  
ROM: Passive and AAROM within ROM tolerance  
Manual Therapy: Hip mobilizations (mobilization in prepositioned extension is a good technique for the labrum, curved gliding) | **Goals of Phase:**  
1. Diminished pain and inflammation  
2. Improved flexibility/range of motion of the hip with flexion and rotations.  
3. Proper diagnosis of problem  
**Criteria to Advance to Next Phase:**  
1. Hip motion >75% restored  
2. Pain < 3/10 subjectively |
| **Acute Phase/tissue healing phase** | **Exercise Examples:**  
ROM: Passive hip circumduction, Active Quadruped rocking, Stool rotations, bent knee fallouts, prone hip ER/IR, hip flexor/quads  
**Strength:**  
Isometrics-(clams, fire hydrants, side lying hip abduction, squats, bridge holds, posterior pelvic tilts....)  
**Other Activities:** bike as appropriate |  |
| **Weeks:** 2-3 weeks  
**Expected Visits:** 1-2x/week |  |  |
| **Phase II** | **Suggested Treatments:**  
Modalities as indicated: Edema/inflammation controlling pain (i.e. laser)  
ROM: Passive and AAROM within ROM tolerance  
Manual Therapy: Hip mobilizations (mobilization in prepositioned extension is a good technique for the labrum, curved gliding) | **Goals of Phase:**  
1. Improve muscular strength and endurance  
2. Progress to full active and passive ROM  
3. Reestablished dynamic muscle control, balance, and proprioception  
4. Improve total body proprioception and control  
**Criteria to Advance to Next Phase:**  
1. Full PROM and AROM  
2. 75-80% abductor strength involved to uninvolved  
3. Strength adequate to progress to sport specific activity |
| **Intermediate Phase/early functional recovery** | **Exercise Examples:**  
ROM: Passive hip circumduction, Active Quadruped rocking, Stool rotations, bent knee fallouts, prone hip ER/IR, hip flexor/quads  
**Strength:**  
Planks-front and side  
Bird-dogs, quadruped |  |
| **Weeks 2-3weeks**  
**Expected visits:** 2x/week |  |  |
<table>
<thead>
<tr>
<th>Phase III</th>
<th>Specific Instructions:</th>
<th>Goals of Phase:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced</td>
<td>Progress to sport specific activity</td>
<td>1. Advance strength gains with focus on hip abductor and hip flexor strength with appropriate hip strategy</td>
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<tr>
<td>Strengthening/late functional recovery</td>
<td>Consider Return to Performance Program (if available), score 45/50</td>
<td>2. Improve muscular power, speed and agility</td>
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<tr>
<td>Weeks 2 weeks</td>
<td>Exercise Examples:</td>
<td>3. Progress to sport specific activity</td>
</tr>
<tr>
<td>Expected visits: 2x/week</td>
<td>Sport Specific testing/training (i.e. T-test)</td>
<td>Criteria to begin running and sport specific activity:</td>
</tr>
</tbody>
</table>

Other Activities:

Clam shell repetition
Fire hydrants
Bridges double → single
Cable column rotations
Lateral sidestepping with resistive band
Step ups
Forward step downs
Lunges
squats
Suitcase carries
Waiter carries
Hip isotonics-Hip extension, abduction, adduction, ER/IR
REFERENCES:


Rev 2/25/15, 4/2/15, 4/14/15, 5/13/15, 1/27/17