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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

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PHASE	SUGGESTED INTERVENTIONS	GOALS/MILESTONES FOR PROGRESSION

Phase I
Acute Phase/ tissue healing phase
 	
2-3 Weeks
 	
1-2x/week
Expected Visits
	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)
	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
		Goals of Phase:
		• Diminished pain , inflammation, 1. Diminished pain and inflammation
		• Improved flexibility/range of motion of the hip with flexion and rotations.
		• Proper diagnosis of problem
		Criteria to Advance to Next Phase:
		• Hip motion >75% restored
		• Pain < 3/10 subjectively

Phase II
Intermediate Phase/early functional recovery
 	
2-3 Weeks
 	
2x/week
Expected Visits
	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)
	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
	  • 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
	Other Activities:
		Goals of Phase:
		• Improve muscular strength and endurance
		• Progress to full active and passive ROM
		• Reestablished dynamic muscle control, balance, and proprioception
		• Improve total body proprioception and control
		Criteria to Advance to Next Phase:
		• Full PROM and AROM
		• 75-80% abductor strength involved to uninvolved
		• Strength adequate to progress to sport specific activity

Phase III *Advanced Strengthening/ late functional recovery* *2 Weeks* *2x/week* *Expected Visits*	***Specific Instructions:*** • Progress to sport specific activity • Consider Return to Performance Program (if available), score 45/50 ***Exercise Examples:*** • Sport Specific testing/training (i.e. T-test)	***Goals of Phase:*** • Advance strength gains with focus on hip abductor and hip flexor strength with appropriate hip strategy • Improve muscular power, speed and agility • Progress to sport specific activity ***Criteria to Advance to Next Phase:*** • >90% hip abductor strength for running • With strength return and muscle coordination, can progress to sport specific activities

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