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 should be sufficient to recognize a positive response to treatment. If no change has occurred, it may be appropriate to refer the patient for further consultation.
- 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.
- Patients 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* *Expected Visits: 1-2x/week*	Specific Instructions: Modalities as indicated: Edema/inflammation controlling pain ROM: Passive and AAROM within ROM tolerance Manual Therapy: Hip mobilizations (mobilization in prepositioned extension is a good technique for the labrum, distraction, lateral or curved gliding), soft tissue mobilization as needed Exercise Examples: ROM: Passive hip circumduction, Active Quadruped rocking, Stool rotations, bent knee fallouts, prone hip ER/IR, hip flexor/quads Strength: (not limited to this list): Isometrics-(clams, fire hydrants, side lying hip abduction, squats, bridge holds, posterior pelvic tilts....) Side planks (knee progressing to straight legs) Prone planks (knee progressing to straight legs) Step ups Active knee extensions Prone knee extension isometrics at 60 degree knee flexion Prone hip extension over the edge of the plinth Wall squats (vertical trunk and positive tibial angle as comfort allows) Hamstring curls Lateral band walks Bent knee fallouts progressing to light band resistance Prone hip ER isometrics Proprioception training in double limb stance (BOSU, wobble board) *Other Activities: bike as appropriate, high seat to avoid impingement*	***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 with daily activities 3. Pain < 3/10 when walking for exercise. 4. Sit to stand transfers without increased pain. 5. Tolerate closed chain exercise (intensity at 4-6/10 RPE) without increased pain. 6. Able to perform forward step down from 8 inch step

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Phase II *Intermediate Phase/early functional recovery* *Expected visits: 1-2x/week*	*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, distraction, lateral or curved gliding) Exercise Examples: ROM: Passive hip circumduction, Active Quadruped rocking, Stool rotations, bent knee fallouts, prone hip ER/IR, hip flexor/quads Strength: Progressing exercise to include intensity to 6-8/10 RPE (modified rep/sets). Planks-front and side Bird-dogs, quadruped Clam shell repetition Fire hydrants Bridges double -> single leg Cable column rotations Lateral sidestepping with resistive band Step ups/Forward step downs/Lunges/squats (progressing depth as comfort allows and adding resistance as appropriate) Wall squats (vertical trunk and positive tibial angle as comfort allows) progressing from double limb to single limb Suitcase carries Waiter carries Hip isotonics-Hip extension, abduction, adduction, ER/IR Progress to compound movements with overload (Olympic lifting, etc) Other Activities: non/low-impact cardiovascular training: Biking, Stair Master, Elliptical as comfort allows Pool or Alter G interval jogging	***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 (measured in sidelying) involved compared to uninvolved (dynamometer) 3. Strength adequate to progress to sport specific activity 4. Quad index of 70% or greater 5. 10 inch lateral or crossed leg step down without pain 6. No increase in pain from baseline with strength program.
Phase III *Advanced Strengthening/late functional recovery* *Expected visits: 1-2x/week*	Specific Instructions: Progress to sport specific activity Consider Return to Performance Program (if available) Examples: Sport Specific testing/training (i.e. T-test, 505 test, etc)	***Goals of Phase:*** 1. Advance strength gains with focus on hip abductor and hip flexor strength with appropriate hip strategy 2. Improve muscular power, speed and agility 3. Progress to sport specific activity ***Criteria to begin running and sport specific activity:*** 1. 90% hip abductor strength for running 2. Refer to FAI testing guideline.

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