Labral Repair with FAI Correction

Postop	Goals	Precautions	Exercises
Weeks 0-2 PT : 1-2x/week HEP daily	Edema and pain control Protect surgical repair Avoid hip flexor tendonitis, trochanteric bursitis, synovitis Manage scar around portal sites Increased ROM focusing on flexion, careful of ER and aggressive extension	**Foot flat WB with assisted device x 2 weeks *** **NO EXTERNAL ROTATION** > 20 degrees (2 weeks) NO HYPEREXTENSION (4 weeks) Hip PROM as tolerated with ER limitation Hip Isometrics – NO FLEXION (Abduction, adduction, extension, ER)	- CPM for 4 hours/day (if appropriate) - 70º (advance to 0-90º as tolerated) - Bike for 20 minutes/day (can be 2x/day) - Scar massage - Supine hip log rolling for IR/ER - Progress with ROM - Introduce stool rotations/ prone rotations - Pelvic tilts - Supine bridges - NMES to quads with SAQ (short arc quads) with pelvic tilt - Quadruped rocking for hip flexion - Sustained stretching for psoas with cryotherapy (2 pillows under hips) - Gait training PWB with assistive device - Modalities
Weeks 2-4 PT: 1- 2x/week HEP daily	Pain control Protect surgical repair Continue with previous therapy exercises **Avoid hip flexor tendonitis, trochanteric bursitis, synovitis** Manage scar around portal sites Increased ROM focusing on flexion, careful of ER and aggressive extension	Progress weight bearing ***** Week 3-4: wean off crutches (2®1®0) if gait is normalized NO HYPEREXTENSION (4 weeks) Progress with hip ROM	- Bent knee fall outs (week 4) - Stool/prone rotations for ER - Stool stretch for hip flexors and adductors - Glute/piriformis stretch - Progress core strengthening (AVOID hip flexor tendinitis) - Progress hip strengthening – isotonics all directions except flexion - Start isometric sub max pain free hip flexion (3-4 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 - progress time resistance - Scar massage - Bilateral Cable column rotations (week 4) - Aqua therapy in low end of water if available

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Weeks: 4-8 PT 2x/week HEP daily	Continue with previous therapy exercises **Avoid hip flexor tendonitis, trochanteric bursitis, synovitis** Manage scar around portal sites Increased ROM focusing on flexion, careful of ER and aggressive extension	Progress with hip ROM Normalize gait *	- Elliptical - Hip ROM ● Standing BAPS rotations ● Prone hip rotation ER/IR ● ER 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, IT band stretching – manual and self Progress strengthening LE - Introduce hip flexion isotonics (AVOID hip flexor tendonitis) - Begin Dry Needling to assist with mobilization and tightness PRN - Multi-hip machine (open/closed chain) - Leg press (bilateral ® unilateral) ● Isokinetics: knee flex/ext - Progress core strengthening: prone/ side planks (AVOID hip flexor tendinitis) - Progress 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
Weeks: 8-12 PT 2-3x/week HEP daily	Continue with previous therapy exercises Avoid hip flexor tendonitis, trochanteric bursitis, synovitis	Continue with previous therapy exercises Avoid hip flexor tendonitis, trochanteric bursitis, synovitis	- Progressive hip ROM - Progressive LE and core strengthening - Endurance activities around hip - Dynamic balance activities - Light plyometrics - Active release therapy
Weeks: 12-18 PT: 1-2x/week HEP daily	Continue with previous therapy exercises		- Progressive LE and core strengthening - Plyometrics - Treadmill running program - Sport specific agility drills

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- **Discharge Criteria**
- Hip Outcome Score
- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Biodex test of Quadriceps and Hamstring peak torque within 15 percent of uninvolved
- Single leg cross-over triple hop for distance
    - score less than 85% considered abnormal for male and female
- Step down test

* AMENDMENTS TO PROTOCOL FOR CONCOMITANT PROCEDURES

- ☐ **LABRAL RECONSTRUCTION**: Foot flat weight bearing x **6 weeks**
- ☐ **ACETABULAR MICROFRACTURE**: Foot flat weight bearing x **6 weeks**
- ☐ **CORE DECOMPRESSION:** Foot flat weight bearing x **6 weeks**
- ☐ **PERIACETABULAR OSTEOTOMY:** Foot flat weight bearing x **6-8 weeks**

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