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**REHABILITATION GUIDELINES FOR
HIP ARTHROSCOPY FAI/OSTEOPLASTY**

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

PHASE I (Surgery to 6 weeks)

APPOINTMENTS	<ol style="list-style-type: none"> 1. Meet with physician at 1 week post-op 2. <u>Begin physical therapy 3-5 days post-op, meet 1-2x/week</u>
REHAB GOALS	<ol style="list-style-type: none"> 1. Protection of post-surgical hip [limited weight-bearing, avoid pain with ROM exercises] 2. Restore normal hip ROM 3. Normalize gait 4. Restore leg control
WEIGHT BEARING	<p>Use axillary crutches. Start with TTWB for 0-3 weeks</p> <ul style="list-style-type: none"> • Weeks 0-3 = TTWB (week 3 can advance to 20-30 lbs as tolerated) <p>Weeks 4-6 = WBAT (once gait is normalized and ambulation is pain-free. Use one crutch for support if gait is painful)</p>
<p>ROM EXERCISES (Please do not exceed the ROM specified for each exercise and time period)</p>	<ul style="list-style-type: none"> • AVOID: <ul style="list-style-type: none"> -Active hip flexion >90°; Passive ROM that elicits pinching type pain -Exercises that engage iliopsoas as to avoid iliopsoas tendonitis, such as straight leg raise, resisted hip flexion, abductor strengthening) -Passive extension on operative extremity (lying prone is ok) -Extreme external rotation (3weeks) -Abduction >45° (2 weeks) • Active assisted and PROM of hip in all planes • Gentle hip mobilization and exercises including <ul style="list-style-type: none"> -Prone hip IR/ER isometrics -Stool IR/ER AROM -Inferior and posterior glide (with pt supine, hip and knee

	<p>at 90°)</p> <ul style="list-style-type: none"> • Goal is to maintain strength while patient has restricted weight bearing, regain ROM, and decrease pain and inflammation
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> • Isometric quad, glut, hamstring, hip adductor and abductor strengthening sets • Gait activities (may use pool once portal incisions are healed) • Isometric hip flexion, extension, abduction, adduction, IR/ER • Weight shifting • Prone heel squeezes with hip extension • AROM without resistance • Gentle anterior hip stretch lying prone on elbows
CARDIOVASCULAR FITNESS	<ul style="list-style-type: none"> • Upper body circuit training or upper body ergometry (UBE)
PROGRESSION CRITERIA	<ul style="list-style-type: none"> • At least 4 weeks post-op • Normal gait without assistive device with full weight bearing • Good leg control • Functional ROM (with no or minimal pain)

PHASE II (Phase I criteria met; begin at 4 to 6 weeks post-op)

APPOINTMENTS	<p>Meet with the physician at 6 weeks post op Physical therapy 1x/ 1-2 weeks</p>
REHAB GOALS	<ol style="list-style-type: none"> 1. Single leg stand control 2. Normalize gait – progress off crutches 3. Good control and no pain with functional movements, including step up/down, squat, partial lunge 4. Regain/improve muscle strength
PRECAUTIONS	<ol style="list-style-type: none"> 1. Avoid post activity swelling and muscle weakness 2. Avoid repetitive hip flexion activities such as treadmill and Stairmaster 3. No impact activities or forced stretching
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> • Non-impact balance and proprioceptive drills • Gait and functional movement drills in pool (once incision portals well healed) • Stationary bike • Non-impact Hip and core strengthening • Quad strengthening • Stretching for patient specific muscle imbalances
CARDIOVASCULAR FITNESS	<p>Non-impact endurance training: stationary bike, Nordic track, swimming, deep water run, cross trainer</p>
PROGRESSION CRITERIA	<ol style="list-style-type: none"> 1. Normal gait on all surfaces 2. Ability to carry out functional movements without unloading affected leg or pain, while demonstrating good control 3. Single leg balance greater than 15 seconds

PHASE III (Phase II criteria met; about 10 to 12 weeks post-op)

APPOINTMENTS	Meet with the physician at 14-16 weeks post op Physical therapy 1-2x/ week
PHASE III GOALS	<ol style="list-style-type: none">1. Good control and no pain with sport and work specific movements, including impact2. Improve muscle strength and endurance
PRECAUTIONS	<ol style="list-style-type: none">1. Avoid post activity swelling and muscle weakness2. Post-activity soreness should resolve within 24 hrs3. Avoid repetitive hip flexion activities such as treadmill and Stairmaster4. No impact activities or forced stretching
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none">• Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot• Movement control exercises beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities• Sport/work specific balance and proprioceptive drills• Hip and core strengthening• Stretching for patient specific muscle imbalances
CARDIOVASCULAR FITNESS	Replicate sport or work specific energy demands
RETURN TO SPORT/WORK CRITERIA	<ol style="list-style-type: none">1. Normal gait on all surfaces2. Dynamic neuromuscular control with multi-plane activities, without pain or swelling