



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
<p>Phase I</p> <p><i>Acute Phase/tissue healing phase</i></p> <p>Weeks: 2-3 weeks</p> <p>Expected Visits: 1-2x/week</p>	<p><i>Suggested Treatments:</i></p> <p>Modalities as indicated: Edema/inflammation controlling pain (i.e. laser)</p> <p>ROM: Passive and AAROM within ROM tolerance</p> <p>Manual Therapy: Hip mobilizations (mobilization in prepositioned extension is a good technique for the labrum, curved gliding)</p> <p><i>Exercise Examples:</i></p> <p><i>ROM:</i></p> <p>Passive hip circumduction, Active Quadruped rocking, Stool rotations, bent knee fallouts, prone hip ER/IR, hip flexor/quads</p> <p><i>Strength:</i></p> <p>Isometrics-(clams, fire hydrants, side lying hip abduction, squats, bridge holds, posterior pelvic tilts....)</p> <p><i>Other Activities:</i> bike as appropriate</p>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 1. Diminished pain and inflammation 2. Improved flexibility/range of motion of the hip with flexion and rotations. 3. Proper diagnosis of problem <p><i>Criteria to Advance to Next Phase:</i></p> <ol style="list-style-type: none"> 1. Hip motion >75% restored 2. Pain < 3/10 subjectively
<p>Phase II</p> <p><i>Intermediate Phase/early functional recovery</i></p> <p>Weeks 2 -3weeks</p> <p>Expected visits: 2x/week</p>	<p><i>Suggested Treatments:</i></p> <p>Modalities as indicated: Edema/inflammation controlling pain (i.e. laser)</p> <p>ROM: Passive and AAROM within ROM tolerance</p> <p>Manual Therapy: Hip mobilizations (mobilization in prepositioned extension is a good technique for the labrum, curved gliding)</p> <p><i>Exercise Examples:</i></p> <p><i>ROM:</i></p> <p>Passive hip circumduction, Active Quadruped rocking, Stool rotations, bent knee fallouts, prone hip ER/IR, hip flexor/quads</p> <p><i>Strength:</i></p> <p>Planks-front and side</p> <p>Bird-dogs, quadruped</p>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 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 <p><i>Criteria to Advance to Next Phase:</i></p> <ol style="list-style-type: none"> 1. Full PROM and AROM 2. 75-80% abductor strength involved to uninvolved 3. Strength adequate to progress to sport specific activity

	<p>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 isotonic-Hip extension, abduction, adduction, ER/IR</p> <p><i>Other Activities:</i></p>	
<p>Phase III</p> <p><i>Advanced Strengthening/late functional recovery</i></p> <p>Weeks 2 weeks</p> <p>Expected visits: 2x/week</p>	<p><i>Specific Instructions:</i></p> <p>Progress to sport specific activity Consider Return to Performance Program (if available), score 45/50</p> <p><i>Exercise Examples:</i></p> <p>Sport Specific testing/training (i.e. T-test)</p>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 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 <p><i>Criteria to begin running and sport specific activity:</i></p> <ol style="list-style-type: none"> 1. >90% hip abductor strength for running 2. With strength return and muscle coordination, can progress to sport specific activities

REFERENCES:

1. Luke Spencer-Gardner, Joseph J. Eischen, Bruce A. Levy, Rafael J. Sierra William M. Engasser, Aaron J. Krych. A comprehensive five-phase rehabilitation programme after hip arthroscopy for femoroacetabular impingement. *Knee Surg Sports Traumatol Arthrosc* (2014) 22:848–859.
2. Kelly BT, Weiland DE, Schenker ML, Philippon MJ. Arthroscopic labral repair in the hip: surgical technique and review of the literature. *Arthroscopy*. 2005;21:1496-1504.
3. Kelly BT, Williams RJ, Philippon MJ. Hip arthroscopy: current indications, treatment options, and management issues. *Amer J Sports Med*. 2003;31:1020-1037.
4. Yazbek, Paula M., et al. "Nonsurgical treatment of acetabular labrum tears: a case series." *journal of orthopaedic & sports physical therapy* 41.5 (2011): 346-353.
5. Wright AA, et al. Non-operative management of femoroacetabular impingement: A prospective, randomized controlled clinical trial pilot study. *J Sci Med Sport* (2016),

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