

Hip Arthroscopy for FAI (Femoroplasty and Acetabuloplasty) Rehabilitation

Madigan Army Medical Center - Physical Therapy

	0 to 7 days Post-op	8 days to 21 days Post-op	22 days to 48 days Post-op	49 days Post-op
Document	NV status, pain, level, swelling, ecchymosis, gait status	NV status, pain level, swelling, ecchymosis, gait status, ROM, strength	Pain level, swelling, gait, ROM & strength, current exercise program	Functional level, ROM & strength, current exercise program
Follow up	Ortho 10-14 days post op for wound check and suture removal	Ortho 6 weeks post-op Every 3-4 weeks with PT, attend PT 2-3x/wk	Ortho 12 weeks Every 3-4 wks with PT, attend PT 2-3x/wk	Every 2-3 weeks with PT. Perform exercises 3-5x/wk. F/u w/ ortho PRN.
Crutches	WBAT x 3 weeks (MUST use crutches for stability)	WBAT x 3 weeks (MUST use crutches for stability)	FWB	FWB
Precautions	-NOTE: Do not push through hip flexor pain	-NO BALLISTIC/FORCED STRETCHING	NO BALLISTIC/FORCED STRETCHING, NO TREADMILL, NO CONTACT ACTIVITIES	None
Wound	-Check for Erythema/ Abnormal Temperature/ Excessive Effusion/ Drainage.	-Begin scar massage when incision site re-epithelializes	-Continue scar massage	n/a
Exercises	<ul style="list-style-type: none"> - Stationary bike w/ minimal resistance - Seated piriformis stretch - Glut/quad/HS/TRA isometrics -PROM Series: (Continue Until DAY 22 Post-op) SUPINE: <ol style="list-style-type: none"> 1. Circumduction (CW/CCW) 2. Non-affected SLR (affected leg straight) 3. Affected SLR (Non-affected leg straight) 4. Circumduction knee bent (CW/CCW) 5. Hip flex (opposite leg bent) 6. FABER (let fall out, assist up) 7. Long axis abduction 8. Passive supine roll (long leg IR/ER) PRONE: <ol style="list-style-type: none"> 1. IR 2. ER 3. Knee flex 	<ul style="list-style-type: none"> - Double leg hip rotations - Quadruped rocking - Standing hip IR on stool - Heel slides - Hip abd/add isometrics - Uninvolved knee to chest - IR/ER (gentle to moderate resistance) ***Begin Standing AROM when patient can demonstrate symmetrical WB w/out assistive device: <ul style="list-style-type: none"> - Double leg Romanian Dead Lift - Double leg pelvic circles - Lateral weight shift with overhead reach Begin post-op Day 15: <ul style="list-style-type: none"> - Clam Shell - Hip 3-way: abd/add/quadruped ext - Bridge w/ tubing 	Continue previous exercises and ADD: <ul style="list-style-type: none"> - Kneeling hip flexor stretch - Leg press (low weight) Begin post-op Day 29: <ul style="list-style-type: none"> - Standing Figure 4 stretch - Prone FABER position self-mobs - Dyna-disc Single leg - Side plank - Standing hip IR (stool) Begin Post-op Day 36: <ul style="list-style-type: none"> - Manual long axis distraction - Bridge: single leg Begin Post-op Day 42: <ul style="list-style-type: none"> - Elliptical - Single leg trunk rotation with band - Side stepping - Slide board, side to side with push-off at ends -Lateral step-down with heel hover 	<ul style="list-style-type: none"> - Lunges - Hurdles (slow speed) - Carioca (slow speed with external ROT at 90 degrees hip flexion) - Agility Ladder: Forward double leg hop (land in mini-squat), Lateral hops (both directions) Lateral shuffle (both directions): -Plank to pushup start position - Side stepping w/band - Lateral step-downs w/ heel hover - Isolateral Romanian Deadlift: partial range holding dowel along spine Begin Post-op Day 55: <ul style="list-style-type: none"> -Multi-directional lunges -Hurdles (medium to fast speed) -Carioca (medium to fast speed with external ROT at 90 degrees hip flexion) -Agility ladder: Single leg hops, Double leg hop 2 squares forward and 1 square backward -Isolateral Romanian Deadlift (start and end position with contralateral LE in 90 deg hip flexion) -Return to run progress as early as Post-op Day 63
Modality	-Game ready/ice and elevation	-Game ready/ice and elevation	-PRN for chronic swelling/scar formation	-Ice PRN
Goals	<ol style="list-style-type: none"> 1) Protect healing tissue 2) Restore ROM 3) Diminish pain/inflammation 4) Prevent muscular inhibition % 	<ol style="list-style-type: none"> 1) Protect repaired tissue 2) Restore ROM/ normal gait pattern 4) Progressive increase in strength 	<ol style="list-style-type: none"> 1) Restore muscle endurance and strength 2) Restore cardiovascular fitness 3) Restore balance/proprioception 	Return to full duty when: <ol style="list-style-type: none"> 1) Full ROM 2) Hip strength > 85% uninvolved side 3) Perform sport/job specific drills at full speed without pain