



## FEMOROACETABULAR IMPINGEMENT & MICROFRACTURE REHAB PROTOCOL

**Weight bearing status:** (1/6 body-weight, Foot-flat) x 6 weeks, wean off slowly, avoid non-weightbearing (causes hip flexor tendonitis)

**Brace:** None / Hip Abduction brace

**Restrictions:** Limit hip ER to 0, flexion to 70, Abd, Add to 0 for 2 weeks. Unlimited internal rotation.

**Additional Instructions:** Continue Hip pendulums.

- 1 time/wk for 1st month
  - 2 times/wk for 2nd month
  - 2-3 times/wk for 3rd month
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### PHYSICAL THERAPY THERAPIST GUIDELINES

The intent of this protocol is to provide guidelines for the progression of rehabilitation following hip arthroscopy. This is not a substitute for clinical decision making. Progression through each phase of rehabilitation is based upon clinical criteria, rehabilitation progress and time frame as appropriate.

#### Phase 1 – Immediate Rehabilitation

Goals:

- Protect the integrity of repaired tissue
- Restore ROM within restriction limits
- Diminish pain and inflammation
- Prevent muscular inhibition

Precautions:

- Do not push through hip flexor pain



ROM limits

Weight bearing restriction

Criteria for progression to Phase 2:

Minimal pain with all Phase 1 exercises

ROM > 85% of the uninvolved side

Proper muscle firing patterns for initial exercises

Do not progress to phase II until full weightbearing is allowed

## **Phase 2 – Intermediate Rehabilitation**

Goals:

Protect the integrity of repaired tissue

Restore full ROM

Restore normal gait pattern

Increase muscle strength

Precautions:

No ballistic or forced stretching

No treadmill use

Avoid hip flexor/joint inflammation

Criteria for progression to Phase 3:

Pain free and normal gait pattern

Full ROM

Hip flexion strength > 60% of uninvolved side

Hip Abduction, adduction, extension, IR, ER strength > 70% of uninvolved side

## **Phase 3 – Advanced Rehabilitation**

Goals:



Restoration of muscular endurance and strength

Restoration of cardiovascular endurance

Optimize neuromuscular control

**Precautions:**

No ballistic or forced stretching

No treadmill use

No contact activities

Avoid hip flexor/joint inflammation

**Criteria for progression to Phase 4:**

Cardiovascular endurance equal to pre-injury levels

Demonstration of initial agility drills with proper body mechanics

Hip flexion strength > 70% of uninvolved side

Hip Abduction, adduction, extension, IR, ER strength > 80% of uninvolved side

**Phase 4 – Sport Specific Training**

**Goals:**

Restoration of muscular strength > 85% of uninvolved side

Ability to perform sport-specific drills at full speed without pain

Full pain free ROM