



REHAB PROTOCOL FEMORALACETABULAR IMPINGEMENT

Weight bearing status: (1/6 body-weight, Foot-flat) x 2-3 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.

Please fax progress notes at 4, 8, 12 and 16 weeks post-operatively to (617) 730-0178. Please contact the staff for any assistance in the progression of therapy.

Program adapted from the Howard Head Sports Medicine Center (Vail, CO) and Dr. Marc Philippon

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:

Painfree 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 painfree ROM