

Jonathan Watson, MD <u>REHABILITATION PROTOCOL- Nonoperative FAI</u>

The rehabilitation guidelines are presented in a criterion based progression program. Individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS

PHASE 1 (~0-2 weeks)

REHAB GOALS	1. Minimize swelling & pain
	2. Normalize gait
PRECAUTIONS	1. Do not force range of motion, some patients may have bony block to
	movement.
	2. Ice as needed for pain
RANGE OF	 Soft tissue mobilizations/techniques as tolerated
MOTION	 Gentle psoas/lumbar extensor stretching
EXERCISES	
SUGGESTED	 As above
THERAPEUTIC	 Open chain- clamshells, prone heel squeeze
	 Closed chain- bridging
EXERCISES	 Isometric adductor squeeze
	 Balance/proprioceptive- double/single leg balance
	 Rhythmic stabilization in side lying
CARDIOVASCULAR	UBE
EXERCISE	
PROGRESSION	 No pain at rest/with rehab activities
CRITERIA	 Able to perform straight leg raise without pain

PHASE 2 (~3-4 weeks)

REHAB GOALS	1. Progress strengthening, balance
	2. Minimize pain and swelling
PRECAUTIONS	1. Do not force range of motion. Avoid excessive load to iliopsoas
	2. Ice as needed after activity

skylineorthopedics.com • 10811 West 143rd Street, Suite 150, Orland Park, IL 60467 • Office/Fax 708-405-8600

RANGE OF MOTION EXERCISES	 Continue phase 1 exercises Gentle flexion, abduction, ER stretching
SUGGESTED THERAPEUTIC EXERCISES	 Continue phase 1 exercises Open chain- clamshell against resistance, standing abduction/adduction/extension against resistance Balance/proprioception- single leg stance, progress to uneven surface. Single leg lunge on wall w/phsioball Closed chain- bridging w/marching, double & single leg press in pain free ROM LE- Romanian deadlift Plyometrics- submax jumps on shuttle, double leg bouncing while maintaining contact on mini tramp Functional- resistance band ambulation (forward/backward, side/side, monster walking)
CARDIOVASCULAR EXERCISE	Continue phase 1 Add elliptical as tolerated
PROGRESSION CRITERIA	 No pain with ADLs/rehab activities Able to hold SLR at 45 hip flexion supine against min resistance w/o pain Able to maintain hip height within 2cm of uninvolved side during single leg stance phase test

PHASE 3 (~5-8 weeks)

REHAB GOALS	 Progress strengthening & LE drills Minimize pain, inflammation Maintain pain free ROM, avoid hyperflexion of hips with
FILCAUTIONS	strengthening
RANGE OF MOTION EXERCISES	 Continue exercises from phase 2. Mobilizations/soft tissue technique as needed
SUGGESTED THERAPEUTIC EXERCISES	 Continue exercises from phase 2 Balance/proprioceptive- multi-plane lunges Closed chain- side planks, progress previous activities. Begin squats with machine, progress to back squats in pain free range. Begin single leg squats Plyometrics- double leg jumps in pain free range, single leg bouncing on mini tramp Sumo squats w/dumbbell/kettle bell

CARDIOVASCULAR	Continue phase 2
EXERCISE	
PROGRESSION CRITERIA	 No pain with ADLs/rehab activities Able to perform single leg squat w/o pain or knee valgus Able to consistently perform vertical drop jump from 18 inches without pain or knee valgus

PHASE 4 (~9+ weeks)

REHAB GOALS	 No pain with sport activities
	 Improvement of strength, endurance, neuromuscular control
	 Return to sport/work
PRECAUTIONS	Post-activity soreness should resolve within 24 hours
	Avoid post activity swelling
RANGE OF	 Continue with flexibility exercises from previous phase
MOTION	
EXERCISES	
SUGGESTED	 Continue phase 3 activities. Progress with resistance/load.
THERAPEUTIC	 Balance/proprioception- incorporate perturbations, multiplane
	lunges incorporate dynamic movements
EXERCISES	 Plyometrics- progress to double & single leg jumps on stable &
	unstable surfaces in pain free ROM
	 Squat to run med ball throws
	 Sport specific- can begin cutting, agility drills when tolerating
	running for 2 miles. Begin with single plane activities at 50% speed,
	advance speed then advance complexity of drills.
CARDIOVASCULAR	Walk/run progression
EXERCISE	
PROGRESSION	 LE strength >90% of contralateral
CRITERIA- RETURN	 Hop tests > 90% of contralateral
	 No pain/discomfort after activity
TO SPORT	 Completion of sport specific program
	• Physician clearance
L	