Femoroacetabular Impingement Osteoplasty Post-Operative Protocol

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Stage I
The Protected Weight Bearing Stage (one to three weeks)

- The patient should be 20% weight bearing at this time for three weeks- gait training/stair training utilizing axillary crutches (sometimes, patient’s can go to full weight bearing immediately depending on Dr. Ochiai’s exact surgery)
- Focus should be on maintaining strength while the patient is non-weight bearing
- Exercises include:
  - Straight leg raise into extension, abduction, and adduction
  - Hip supine AROM internal rotation/external rotation
  - Prone hip internal rotation/external rotation isometrics
  - Quad sets/bridging
  - Stretching quads, hamstrings, hip flexor, and AAROM hip internal/external rotation
  - Butterflies
  - Stool hip internal and external rotation AROM
  - Core stabilization pelvic tilts, heel walkouts, dead bug

*SLR flexion should be limited to prevent hip tendonitis (10 reps max) after 3 weeks. Closed chain hip flexion is preferred

- Regain ROM into hip flexion and extension utilizing joint mobilizations stretching both the anterior and posterior joint capsule
- Possible hip flexor tendonitis may occur at this stage avoid hip flexor inflammation (exercises to remain below 90 degrees)
- Initiate bike no resistance (no longer than 10 minutes)
- Scar mobs

NOTE: Passive range of motion should consist of the following throughout Stages I-II. Two times a day for 6-8 weeks.

- Hip circumduction clock-wise and counter clock-wise with the knee straight and hip abducted 20 degrees (3 sets of 5 min)
- Hip circumduction clock-wise and counter clock-wise with the knee bent 70 degrees
- Hip flexion to 90 degrees (3 sets of 5 min)
- Hip internal and external rotation prone (20 reps)
- Hip internal rotation log roll (20 reps)
- Hip abduction without pinching (20 reps)

Goals:
Focus on maintaining strength with the patient is restricted weight bearing, regain ROM, decrease pain and inflammation.

Criteria for progression to stage II:
- Minimal pain/pinching and swelling
- ROM > 85%
- Full weight bearing allowed by MD
- Proper muscle firing patterns during initial exercises

Stage II
Intermediate exercises (four to six weeks)

- The patient may regain full weight bearing independently as tolerated
- Joint mobilizations should continue ideally range of motion in the involved hip should be at least 85% of the uninvolved side for all motions
- Exercises are aimed at restoring and maintaining movement, promoting normal gait patterns, strengthening the muscles and improving balance reactions
  - Initiate elliptical (if available) (*bike tightens up the anterior capsule)
  - Leg Press
  - Hamstring curls
  - Resisted hip abduction, flexion, extension with multi-hip/steamboats
  - Mini Squats
  - Resisted hip internal and external rotation
  - Side stepping with resistance
  - Advanced bridging
  - Step up’s and down’s
  - Core stabilization planks, advanced dead bug, crunches and obliques
  - Single leg stance to restore proprioception

Goals:
Regain ROM to 100% of the uninvolved hip, independent ambulation all surfaces, progress strength as tolerated per patient.

Criteria for advancement to stage III:
- Full ROM
- Pain free normal gait pattern

Stage III
Advanced Exercises (seven to ten weeks)

- Restore full ROM
- Restore normal pattern free gait pattern all surfaces
- Muscle strength should be restored to greater than 70%-80% of the uninvolved side
- Restore muscular strength and cardiovascular endurance and improve balance reactions
- Exercises should include:
Proprioception drills: cone, side shuffle and karaoke
Progress strengthening entire lower extremity
- Return to social sport should be possible
- Watch for hip flexor tendonitis especially when returning patient to running

Goals:
Restore muscular and cardiovascular endurance and improve balance reactions

Stage IV
Sports Specific Training (10+ weeks)
- Not all patients require rehabilitation at this level: for athletes involved in competitive sport
- Exercises should be aimed at continued strengthening and more sports specific exercise
- Training regimes should be developed in conjunction with personal trainer

Special Considerations:
- Micro fracture patients will be non-weight bearing for 4-6 weeks increased time in Stage I would be required. Joint mobs are okay grade one and two.
- Lax patients (very few): avoid post-operative laxity avoiding joint mobilizations. Consult surgeon
- Patients with labral debridement only may not have any weight bearing restrictions and can progress faster to Stage II
- Use of CPM will vary among physicians

Patient should be unrestricted at six months! A Full recovery at one year.

- To reduce the risk of injury consult your healthcare professional before beginning any exercise program. This is general information and is not intended to diagnose or replace your current health care professional. The Nirschl Orthopaedic Center is not liable for any injury or pain you may experience as a result of this exercise program. As with any exercise program, if you begin to feel faint, dizzy, or have physical discomfort you should stop immediately and consult your health care professional.