Nirschl Orthopaedic Center

Derek H. Ochiai, M.D.
1715 North George Mason Drive
Suite 504
Arlington, VA 22205
Phone: (703) 525-2200 I Fax: (703) 522-2603

Femoroacetabular Impingement (FAI)
Post Operative Osteoplasty Protocol

Stage I- The Protected Weight Bearing Stage (1-3 weeks)

The patient is usually weight bearing as tolerated with crutches after surgery (unless Dr. Ochiai specifies otherwise). He typically allows them to get off crutches when the patient has no noticeable limp.

Focus should be on maintaining strength while the patient is using crutches.

Exercises include:

- SLR into flexion, 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). Stop active open chain hip flexion if the patient has any discomfort. 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 mobilization.

***NOTE: Passive range of motion should consist of the following throughout (Stages I-II) (2x/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 rotation log roll (20 reps).

Hip abduction without pinching (20 reps).

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***GOALS: Focus on maintaining strength while regaining ROM, and decrease of 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 90% 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

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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 karyoka
    - 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 sports.

Exercises should be aimed at continued strengthening and more specific exercises.

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.

-Dr. Ochiai does not use a CPM (he prefers the patient have passive circumduction exercises with a friend of family member and start spinning on a bike the day after surgery.

Patient should be unrestricted at six months! Full recovery can take up to a year.