FAI post op Physical Therapy Protocol

With MFx and or Capsular Plication

Date of Surgery:_____

Surgeon:_____

Brace wear: ____2 wks _____4 wks

CPM use: ___2wks 4-6 hours/day ___2 wks 8 hours/day ___6 wks 8 hours/day

Weightbearing: Flat foot WB (20#) with bil crutches ____3 wks ___8 wks

ROM Restrictions:

- **Flexion 90 for 10 days**
- **Extension 0 for 3 wks**
- **Abduction 25 for 3 wks**
- **ER 0 for 3 wks**
- **IR limited by pain only**

Prone Lying: _____ 1-2 hours 2-3x/day _____None

Last Reviewed: 6/2023; Current to: 6/2023

	Interventions	**Milestones**
Wk 1	• PROM circumduction (for 6 wks) • Ankle pumps, isometrics, glute sets, TA progression, passive quad stretch • bike no resistance • Establish diaphragmatic breathing pattern	Good pain control Ensure FFWB 20%
Wk 2	Continue with above and add • quadruped rocking, standing hip IR, prone hip IR • soft tissue to glute prn	Ensure FFWB 20%
Wk 3	Formal PT starts in clinic Continue with above and add • continue passive circumduction until 6 wks post op • passive log roll IR • core progression with emphasis on diaphragmatic breathing	
Wk 4	Add • PROM extension • Bridging, prone active ER/IR (ensure good pelvic stabilization)	Painfree adl's
Wk 5	Add • Submax isometric hip flexion	
Wk 6	Add • Bike with resistance as tol • Add modified Thomas stretch (on table) for hip flexor	
Wk 7	Can begin crutch weaning- generally go to WBAT 1-2 crutch • Add quadruped knee extension -> bird dog • Progress to eccentric SLR->SLR as tolerated with emphasis on trunk control (should be painfree) • Add standing hip ER/IR (knee on stool)	
Wk 8	• Teach sit to stand • Add resistance on bike • Add gentle belt mobilizations prn	Painfree non-antalgic gait without AD
Wk 9	• Complete crutch weaning • Add double leg 1/3 squat, limited weight leg press, core progression, balance progression • Clamshell • Sidestepping	

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Wk 10	• Standing ex in sagittal plane only- limit lunge/hip hinge and squat step up/down depth – do not allow patient to get to 90 degrees of hip flexion • Hip flexor stretching- *ensure they aren't stretching the anterior capsule*	Double leg squat to high box with good hip knee trunk control
Wk 13	• Elliptical, stairclimber • Progress to single leg 1/3 squat, SLS, lateral step downs, multidirectional lunges • Progress loads as tolerated in sagittal planes (ie: deadlift, loaded box squats, bulgarian split squats, single leg RDL, 1/3 single leg squat, forward/backward lunges)	Single leg lateral step down with no valgus and neutral pelvis -Ybalance 85%
Wk 15	• Plyometric progression sagittal plane/double leg hop cycle • Progress depth of squat/lunge etc to tolerance • Add rotational ex- chops/lifts, med ball toss/slam	No increase in sx with plyometrics and good control single leg
Wk 17	• Progress to single leg hop cycle • Initiate run progression when they pass return to run criteria • Lateral plyometric progression • Progress power in sagittal and frontal planes*	Y-balance 95% Closed chain DF 35 degrees or >>Single leg squat with good control
Wk 21	• Running progression • Progress single leg power sagittal and frontal planes* • Rotational movements power double leg->single leg*	
Wk 25+	• Forward backwards running with sports cord • Agility drills • Progress single leg power • Running, golf, skate progression • RTS testing **earliest** at 6 mos post op	Pass appropriately selected RTS functional tests

**Please refer to https://www.stlukesonline.org/health-services/specialties/programs/st-lukes-sports-medicine-program/therapy-plans/power-progression-lower-extremity/phase-1 for power progressions*

Recommend patients reach milestones prior to progression to next phase

Anticipated return to sport timeline 9 mos post op