FAI post op Physical Therapy Protocol

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

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

	Intervention	Milestones
Wk 1	• PROM small arc gentle circumduction (for 6 wks) • Ankle pumps, glute sets, TA progression, isometrics, passive quad stretch • Stat bike no resistance • Establish diaphragmatic breathing patterns	Good pain control
Wk 2	Continue with above and add • Quadruped rocking, standing hip IR, prone hip IR • Soft tissue to glute prn	Ensure FFWB (20%)gait
Wk 3	Formal PT starts in clinic Continue with above and add • Small arc gentle circumduction passive ROM and continue until this until 6 wks post op • Passive log roll IR • core progression with emphasis on diaphragmatic breathing • Crutch weaning- generally go to WBAT 1-2 crutch at wk 3	
Wk 4	• Continue crutch weaning WBAT • PROM add extension • Add prone active hip ER/IR, quadruped knee extension ->bird dog and gentle passive extension	Non antalgic gait without AD
Wk 5	• Add leg press limited weight, 1/3 squat • Light resistance prone ER IR • Clamshell • Isometric hip flexion sub max	Painfree adl's
Wk 6	• Add sidestepping and SLR ensuring TA early activation • Modified Thomas stretch (on table) for hip flexor • Progress to eccentric SLR -> SLR as tolerated w emphasis on trunk control (should be painfree) • Standing hip IR ER (knee on stool) • Can add gentle belt mobilizations prn • Bike with resistance as tol	Closed chain ankle DF >35 degrees
Wk 7	• Tall kneeling and half kneeling trunk and hip stability ex • Sit to stand	
Wk 8	• 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 • Stair climber/elliptical • Hip flexor stretching- *ensure they aren't stretching the anterior capsule*	Double leg squat to high box with good hip knee trunk control

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Wk 9-10	• 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 Y- balance 85%
Wk 11	• Add frontal plane movement and strengthening -slider lunges and multidirectional lunges	
Wk 12-13	• Plyometric progression sagittal plane/double leg hop cycle • Add rotational ex- chops/lifts, med ball toss/slam • Progress depth of squat/lunge etc to tolerance	-No increase in symptoms with plyometrics and good control single leg
Wk 14-16	• Progress to single leg hop cycle • Initiate run progression when they pass return to run criteria • Progress power in sagittal, frontal and transverse planes*	Y- balance 95% Single leg squat with good control
Wk 17+	• Running progression • Progress single leg power • RTS testing **earliest** at 5 mos post op • Agility drills • Golf/skating progression, sports specific drills	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