TWIN CITIES ORTHOPEDICS

NON-SURGICAL MANAGEMENT FOR FEMORAL ACETABULAR IMPINGEMENT

ACUTE PHASE 0-4 WEEKS

- decrease compression and painful movements, cessation of sports or other aggravating factors.
- Address hip ROM deficits if present
- Stretching structures of the hip complex (muscles, capsule) painfree.
- Address motor control deficits of lumbo-pelvic-hip complex
- Strengthening weak musculature
- Baseline proprioception and effective weight transfer without compensatory movement patterns.

EXERCISES:

ROM AND FLEXIBILITY

- Stretches/ROM
  - hip extension/ anterior capsule
  - hip flexion, add/abductors
  - IR at 0 degrees and in flexion positions
- Quadruped rocking for hip flexion (pain free, neutral spine)
- Stationary bike high seat avoid deep hip flexion and pain
- Distraction: manual/belt assist in restricted ROM.

MUSCLE STRENGTH AND ENDURANCE

- supine transverse abdominis and pelvic floor setting.
- Basic supine TA and pelvic floor:
  - inner range bent knee fall outs working toward full range.
  - Heel march supine
  - Heel slide progressing to heel slide with hip flexion.
- Standing, sitting, walking and weight bearing postures with TA and pelvic floor

Hip/Gluteals/Hamstrings/quadriceps:

- prone hip extension off edge of bed
- clam shells progressing to isometric side lying hip abduction to isotonic hip abduction.
- Supine bridging: double, single , on ball
- Standing hip extension, abduction progress to pulleys or ankle weights (do not allow trunk to shift)
- Squats: wall, mini, progress to deeper squats as able.

PROPRIOCEPTION:

2 LEGS:

- Equal weight bearing: forward/backward and side to side progress to single leg wt. shift with core activation and hip/pelvic control.
- Wobble board with support: side to side, forward and backward.
- Standing on ½ foam roller: balance progressing to rocking forward/backward.

SUB-ACUTE PHASE: WEEKS 5-12

GOALS:

- Continue flexibility exercises in pain free ranges as needed.
- Progress exercises to include more challenges to lumbo-pelvic-hip control.
- Strengthen weak key muscle groups with functional closed chain exercises.
- Progress proprioception to single leg without compensatory movement patterns.

ROM AND FLEXIBILITY

- Quadruped rocking with IR/ER bias.
- Stationary bike progress to Elliptical then to stairmaster. No pelvic rotation
- Treadmill: walk forward progress to backward for hip extension then side stepping then to interval walk/jog then jog then interval run and then run if tolerated.

MUSCLE STRENGTH AND ENDURANCE

- advanced core: side plank and prone plank
- Continue hip strengthening with increased weights/tubing for resistance.
- Hip IR/ER with theraband in flexed neutral and extended positions
- Hamstring curls, eccentrics
- Quadruped alternating arm and leg lift
- Sit to stand: high seat low seat, both legs, single leg.
- Single leg stance
- Sahrman single leg wall glut med (both sides)
- Tubing kickbacks/mule kicks both sides.
- Lunge: static ¼ - ½ range to full range
- Lunge walking forward backward and weights in hands.
- Side stepping, shuffling progressing to side step hops (theraband)
- Single leg wall squat progressing to mini squat
- Forward and lateral step ups 4-6-8 “
- Eccentric lateral step down on 2-4-6 step with control watch for hip hiking.

PROPRIOCEPTION
2 Legs progressing to 1 leg

- wobble boards without support side to side and forward and back.
- standing of ½ foam roller rocking forward and backward.
- Single leg stance 5-60 seconds then progress to unstable surface.

This protocol provides the rehabilitation specialist with general guidelines for the rehabilitation of the patient with FAI.

Questions regarding the progress of any patient are encouraged and should be directed to 952 442-8201 or rehabprotocols@tcomn.com