



# Hip Arthroscopy – Femoral Acetabular Impingement Syndrome (FAIS)

## Introduction

The guidelines that follow are a frame work to help guide physiotherapists managing the rehabilitation of a post hip arthroscopy patient.

The physiotherapy programme will need to be **individualised** for each patient, all exercises should be performed without excessive pain and the details of specific restrictions will be in the post-operative instructions. If you have not received these please ring the consultant's secretary.

Emphasise to the patient the importance of protecting the surgical site to allow soft-tissue healing in the first two phases. The milestones may be used to assess whether you feel the patient is making good progress or not.

## Phase 1 (Approx. week 1-6)

### Goals:

- Ensure no post-operative complications - check wound area for signs of infection, exclude DVT and ensure no neural compromise to lower limb.
- Protect healing tissue - ensure appropriate walking aid to optimise weight bearing (WB) on operated leg, within specified surgical restrictions if required.
- Minimise post-operative pain, inflammation and swelling – ice, elevation and analgesia.
- Restore range of motion (ROM) including rotation as comfort allows, within specified surgical restrictions as required.
- Prevent muscle atrophy – sub-maximal, isometric contractions.
- Teach lumbo-pelvic, hip and lower limb control
- Wean off crutches as comfortable, co-ordinated, independent gait is demonstrated. Dependent on WB restrictions.

### Precautions:

- Check operation note for specific WB or ROM restrictions – typically labral repair will require 4 weeks PWB and caution with flexion beyond 90°.
- Do not push into pain

### Criteria for starting Phase 2:

- Minimal pain.
- ROM >85% of the uninvolved side.
- Good lumbo-pelvic and hip mechanics without significant muscular inhibition.
- Do not progress to phase 2 until full-weight bearing (FWB) and full ROM is allowed.

## Phase 2 (Approx. week 6-12)

### Goals:

- Continue to protect the repaired or healing tissue.
- Restore full ROM.
- Restore normal, FWB pattern.
- Introduce muscle strength through range, in particular gluteal and hip rotator muscles.
- Progress lumbo-pelvic, hip and lower limb control.
- Introduce and progress cardiovascular fitness.

### Precautions:

- Progress within comfort.

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**Criteria for starting phase 3:**

- Full ROM
- Pain free, normal gait pattern
- Muscle strength >70% of the uninvolved side

**Phase 3 (Approx. week 12-16)**
**Goals:**

- Restore full lower limb and back muscle strength and endurance.
- Restore cardiovascular fitness.
- Optimise lumbo-pelvic, hip and lower limb control with function.
- Introduce sport specific movement patterns

**Precautions:**

- No high intensity, competitive or contact activities.
- Progress within comfort.

**Criteria for starting phase 4:**

- Full, pain free ROM.
- Muscle strength >80% of uninvolved side.
- Cardiovascular fitness similar to pre-injury levels.
- Demonstrates good lumbo-pelvic, hip and lower limb mechanics with sport specific activities.

**Phase 4 (Approx. week 16+)**
**Goals:**

- Maximise lower limb and back muscle strength and endurance
- Optimise confidence and good lumbo-pelvic, hip and lower limb mechanics with all required sports skills e.g. jumping, hopping, cutting and speed work.

**Precautions:**

- Progress within comfort.

**Criteria for return to competitive sports (Approx. 6 months onwards):**

- Full movement, full power and almost full muscle bulk.
- Able to do all the components of chosen sport.
- Muscle strength >85% of uninvolved side.
- Hop test >85% compared to other side.

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