

# Covenant Medical Group • Orthopaedics

## Orthopaedic Surgery & Sports Medicine • Garrett Kerns, DO

900 Cooper, Suite 3100 • Saginaw, Michigan 48602 • 989.583.7450 Tel • 989.583.7452 Fax

### CLINICAL PROTOCOL FOR FAI/LABRUM REPAIR

*Please review the enclosed caregiver instructions or refer to the web for details of daily care.*

- Patients will use a 20 lb. foot-flat gait with 2 crutches or a walker for the first 2 weeks post-op.
- Therapist's role pre-op is to instruct an upright gait with crutches to avoid flexion contracture – patient must be instructed to reach an upright position. Therapists will also visit with the patient post-op day 1 to review this gait as well as the CPM, brace and abduction boot use.
- CPM machine to be used for 2 weeks, 6 hours daily (3 sessions/2 hours each session). There is a detailed CPM instruction sheet for review and patient reference.
- Braces to be worn at all times during the first 2 weeks with motion lock of 90 degrees, only to be removed during therapy and while in the CPM machine.

#### **Day After Surgery – First Post-Op Visit Instructions**

- In a sterile manner, bulky post-op dressing is removed, sutures are left in place and occlusive OpSite Dressings are applied.
- Therapist should instruct gentle hip pendulum exercises to the home caregiver. A video is available for therapists unfamiliar with these exercises. The 30 degree and 70 degree position for gentle passive circular exercises are used. The therapist should instruct the patient and the caregiver how to recognize and avoid flexor muscle firing and guarding.
- Therapist should assess and note any signs of DVT or PE, apparent neurovascular injury or other problems.  
**IF IDENTIFIED, call Dr. Kerns' office at 989.583.7450.**
- Therapist should instruct foot pump exercises (draw the alphabet with the toes), isometric core contraction and isometric gluteus maximus contraction to be performed daily. Patient should do only 2 sets of 20 reps daily.
- The patient should use a stationary bike for 20 minutes, with the seat at a high position allowing the operative leg to “take a ride” on the pedals.
- If available, gentle lymphedema massage may be used to reduce hip swelling.

#### **PHASE 1: Post-Op Day 1-Week 2**

*Goal: Navigate early recovery. Safeway, avoiding infection, instability or disruption of repair and flexion contracture.*

- Patient in therapy 1x/week.
- Warmup sessions: 20 minutes on stationary bike.
- Game Ready Ice session to hip area.
- Therapist performs hip pendulums and cues to supervise core training.
- Reinforced up rate posture and foot flat gait.

## **PHASE 2: Weeks 2-6 (patient to see Dr. Kerns prior to initiation)**

***Goal: Wean from crutches and achieve normal gait and seating positions with ADL's.***

- Patient in therapy 1-2x/week.
- Therapist to instruct single crutch gait with full weight-bearing on the operative leg placing crutch in arm opposite operative side. Single crutch gait for 3-5 days then wean to crutch free ambulation.
- Therapist to advise and instruct timing and position of normal stance/swing phase gait.
- Therapist to reinforce core/abdominal exercises and anterior hip capsular stretch. Prone lying figure of four capsular stretch initiated.
- If therapy center has an Alter-G treadmill, patient may use for 50% weight-bearing exercise.
- If therapy center offers aquatic, patient may do Maine gauge and aqua-walking at week 3, but NO repetitive hip flexion, flutter kick or breaststroke kick under water exercises.

## **PHASE 3: Weeks 6-12 (patient to see Dr. Kerns prior to initiation)**

***Goal: Learn functional avoidance patterns, posterior capsular stretch to achieve internal rotation and 90 degrees flexion of 25 degrees.***

- Patient in therapy 2x/week.
- Therapist to evaluate a dynamic functional maneuvers (single leg hop, step downs, direction changes in stance phase, single leg squat) and instruct functional avoidance of flexion abduction, internal rotation position.
- Quads/hamstrings strength and flexibility within comfort range of hip, focusing on closed chain exercise.
- Prone gluteus maximus open chain exercises okay at this phase.
- Continue core training focus.

## **PHASE 4: Week 12-20 (patient to see Dr. Kerns prior to initiation)**

***Goal: Return to sport.***

- Patient in therapy as needed.
- Therapist to work with patient and coaching staff on sport-specific scale and strength moves to facilitate cardio and strength necessary for sport return.

### **Modifications:**

- Instability repairs will be identified on prescription and communicated by surgical team.

**NOTE: Instability repairs should NOT be treated with anterior or posterior capsular stretching!**

*These are general guidelines and may vary depending on your surgery/surgeon.*

