

Rehabilitation Protocol: Femoroacetabular Impingement – Non-Operative

A staged, **supervised, progressive and individualized** exercise program is first-line treatment. Emphasize **core/pelvic tilt control** and active strengthening over isolated hip-girdle work and passive modalities. Exercises should be extension-based and pain-free. Sometimes, pelvic floor therapy is also indicated.

Avoid throughout: end-range hip flexion, adduction and internal rotation (impingement positions); painful hard end-range stretching; forceful manual techniques in a restricted range.

Pain management: NSAIDs for 2–4 weeks if tolerated, per our office. Image-guided intra-articular corticosteroid injection may be considered if pain limits exercise – contact our office.

☐ Phase I – Education and Muscle Control: Weeks 0–4

- **Education and activity modification:** Condition and the evidence for active rehab; avoid prolonged sitting, low or deep seats, sitting cross-legged, standing “hanging” on one hip, deep squats and racing-bike positions; relative rest during flares; posture and gait advice
- **Muscle control:** Pelvic and hip stabilization – transversus abdominis activation, pelvic tilt control (seated pelvic tilts), gluteal activation (gluteus maximus, medius and deep external rotators)
- **Early exercise:** Begin the core/pelvic control exercises below at low intensity in a pain-free range, using easier variations as needed
- **Manual therapy (optional):** Gentle hip distraction and AP glides; trigger point and soft tissue work; address coexisting low back pain
- **Criteria to Progress:** Pain settling with ADLs; able to control pelvic tilt during basic exercises

☐ Phase II – Core / Pelvic Tilt-Focused Strengthening: Weeks 4–12

- **Core and pelvic control (4–5× per week):** Abdominal, gluteal and hamstring strengthening to control pelvic tilt. Examples: seated pelvic tilts, straight leg raises, bridges, flutter kicks, supine alternating leg lifts, side plank hip lifts, prone bent-knee leg lifts, bird dogs, quadruped hip extension, forearm plank. Progress duration and resistance as tolerated.
- **Hip strengthening (pain-free range):** Gluteus maximus, gluteus medius, deep external rotators and adductors – banded walks, step-ups, split squats and squats to pain-free depth
- **Stretching (off days):** Hip flexors, hamstrings, quadriceps, hip external rotators and adductors – within pain-free range only; avoid any stretch that increases hip pain
- **Other:** Gait training; hydrotherapy if available; low-impact cardio avoiding deep flexion (e.g., upright bike with raised seat, swimming)
- **Criteria to Progress:** Improving pain and function; good pelvic control during single-leg tasks; pain-free strengthening

☐ Phase III – Functional and Sport-Specific Training: Week 12+

- **Treatment:** Progress load and complexity; single-leg and multiplanar strength; running technique (e.g., wider stance with gluteal activation); agility and sport-specific drills avoiding repetitive end-range flexion/IR
- **Return to Sport:** Pain-free sport-specific movement with good pelvic and hip control and symmetric hip strength; return-to-sport assessment and graded program
- **Maintenance:** Continue the core/pelvic tilt home program at least 3–6 months

Contact Our Office

- No meaningful improvement by 3 months, inability to progress through rehab, or persistent significant symptoms despite adherence – surgical consultation may be considered