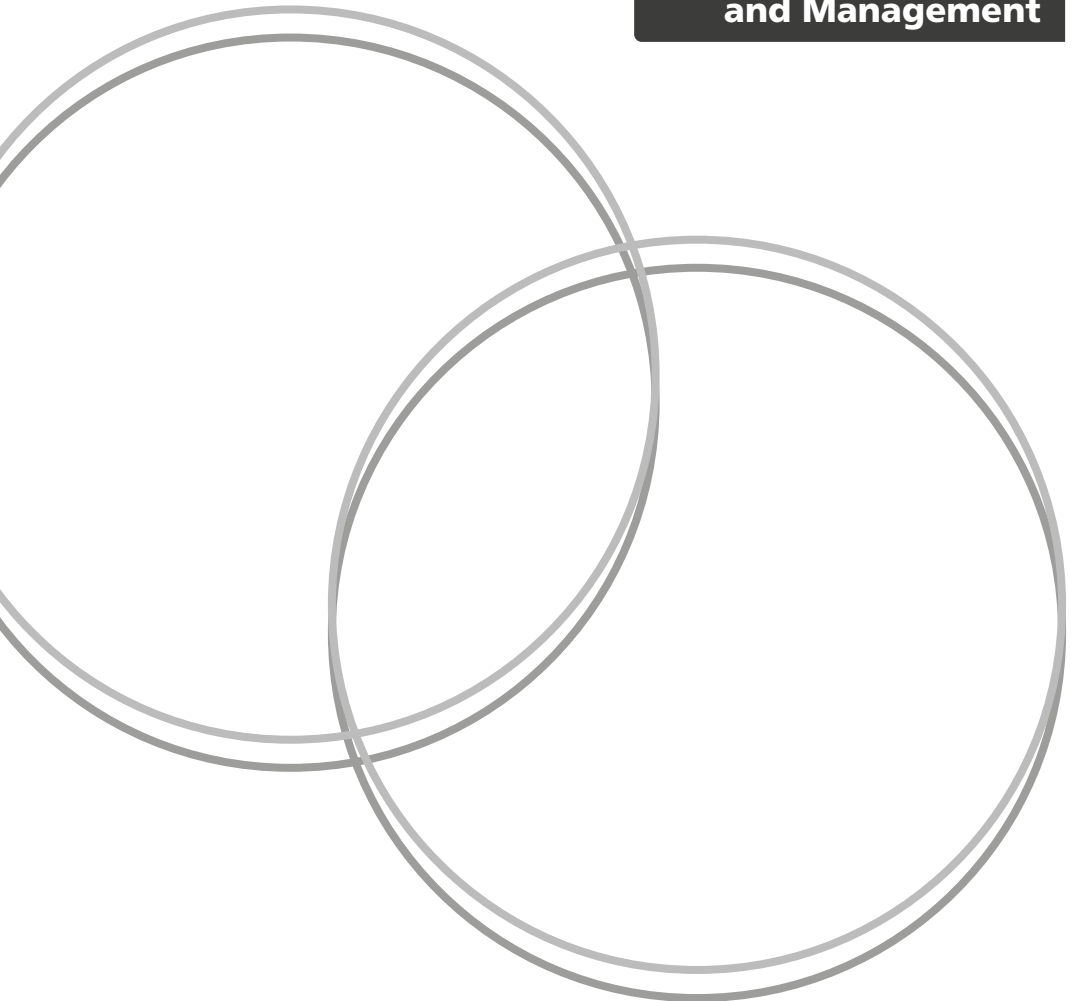


Surgery for Femoral Acetabular Impingement Syndrome

**Physiotherapy Advice
and Management**



Who is this booklet for?

This booklet has been given to you because you have had surgery, a hip arthroscopy, to your hip for the treatment of Femoral Acetabular Impingement Syndrome (FAIS). It gives you information on the condition and the physiotherapy treatment after surgery. It also provides information on who you can talk to if you need more information or advice.

Please keep this booklet, so you can look at it when you need to.

Contents of this booklet

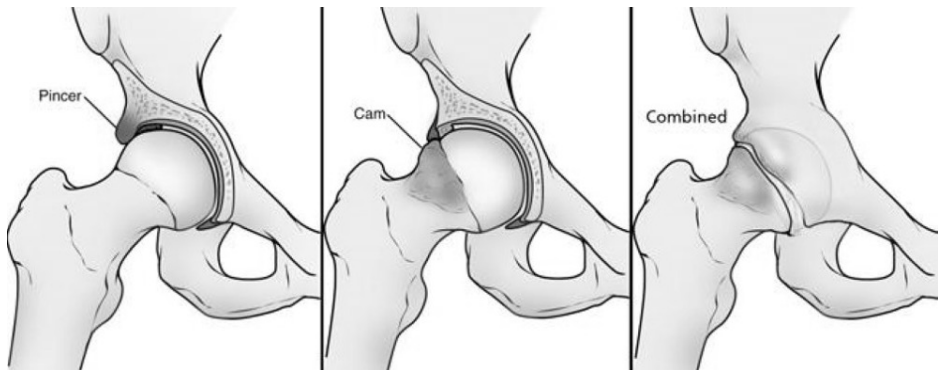
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What is Femoral Acetabular Impingement Syndrome?

Femoral Acetabular Impingement Syndrome (FAIS) occurs when there is early contact between the thigh bone and the edge of the socket of the hip joint. This is due to a variation in the shape of the bones of the hip.

Some people may experience pain associated with increased forces being placed on the hip joint. It occurs with repeated hip movements such as kicking when playing football. The hip socket has a rim of cartilage called the labrum, which can be torn with repeated contact between the thigh bone and the hip socket.

Some people who have hips with a slightly altered shape are more likely to experience FAIS symptoms. The three shapes are known as 'pincer', 'cam' and 'mixed/combined'. These different hip shapes tend to develop in young adults.



1. Pincer shape

The pincer shape is when the socket in which the ball sits can be deeper than usual and overhangs the joint.

2. Cam shape

The most common cause for impingement is a cam shape. There is a 'bump' around the head of the ball of the thigh bone.

3. Mixed or Combined

A small number of patients may have both cam and pincer shape hips.

How is the diagnosis made?

This is based on your symptoms, a physical assessment and imaging.

What are the signs and symptoms of FAIS?

The main symptom is pain felt in the groin but can be present in the buttock, low back, outside of the hip or down the thigh to the knee. Other common symptoms are limited movement, locking, catching, stiffness and giving way of the hip joint.

Imaging

X-ray and MRI (Magnetic Resonance Imaging) are used to look at the hip joint. An MRI may be requested in clinic to review the soft tissues including the cartilage of the hip joint.

Surgery

Surgery is designed to address one or all of the following issues in the hip:

1. Repairing or trimming the labral tear. If possible, the labral tear will be repaired using sutures and anchors to securely fasten the labrum to the rim of the socket. Where the labrum is too damaged, the damaged area will be trimmed.
2. If the bump (Cam) of bone is causing damage it may be removed.
3. Cartilage damage to the joint surface. There may be varying degrees of osteoarthritis found at surgery. Early stages generally do not need treatment. However later stages, can be treated with a procedure known as microfracture. Some people have very extensive osteoarthritis found at the time of surgery and are likely to need a hip replacement at some point.

The keyhole surgery is carried out through two or three small incisions around your hip joint. The surgery is done under a general anaesthetic and can take between 30 to 90 minutes. The surgery is completed as a day case, but you may find that you need to stay in over-night if you feel unwell after the anaesthetic.

You will not be able to drive or use public transport when you leave hospital, so you will need to arrange transport to take you home by car.

Post-operative care

In the first 24 hours:

- Do not go to work.
- Do not drive a motorised vehicle (your insurance will not cover you).
- Do not operate machinery.
- Do not make important decisions.
- Do not sign legally binding documents.
- Do not drink alcohol.

You need to arrange for someone to stay with you for 24 hours after the surgery. If this hasn't been arranged when you come to hospital, we may have to cancel your operation.

Will I be in pain after the surgery?

You will experience some pain or discomfort after surgery. When you are in hospital tell your nurse if you need more pain relief. You will be given pain relief and information on how to take them before you are discharged from hospital.

How long will I be in hospital?

Most people will go home on the same day of their surgery but a few need to stay in hospital overnight.

You will be able to go home when:

- You have recovered from the anaesthetic and have had something to eat and drink and been able to pass urine.
- You have been seen by a physiotherapist and shown the post-operative exercises in this booklet.
- You can walk safely with crutches and can go up and down stairs.
- You are medically well enough to go home.

Can I put weight through my hip?

You can put as much weight through your hip as you find comfortable, unless you are told not to do so by your surgeon or physiotherapist.

Physiotherapy

It is important to start exercising your hip as soon as possible as the hip joint can stiffen and the muscles weaken.

In hospital you will see a physiotherapist who will teach you specific exercises to optimise your recovery. These should be completed 2 to 3 times a day. The physiotherapist will also teach you how to walk with crutches and make sure that you are safe walking up and down stairs.

An outpatient physiotherapy appointment will be organised to progress your rehabilitation after discharge.

Points to consider when walking

You will need to use crutches to walk with after surgery to reduce the weight going through your operated hip. You can stop using the crutches when the pain has reduced and you can walk comfortably without a limp. This may take one to two weeks or longer.

- Wear secure footwear, such as trainers.
- Make sure left and right steps are of equal length.
- Try to spend the same amount of time on each leg when walking.
- When stepping, always put your heel to the ground first.

Stair climbing

Use a handrail when going up and down stairs, if available. Hold the handrail with one hand and the spare crutch in the opposite hand in a 'T' shape to the other crutch. Carry the spare crutch on the outside so that if you drop it, the crutch won't hit your leg or trip you up. If there are no handrails use both crutches on the stairs.

Climbing up stairs

(in these pictures, the LEFT leg with the bandage is the operated leg)

1. Step up with your unoperated leg.
2. Step up with your operated leg level with unoperated leg.
3. Place your supporting crutch on the same step.



Going downstairs

1. Put the supporting crutch down first.
2. Lower down your operated leg.
3. Lower down your unoperated leg last.



At home

The small wounds will have a stitch or Steri-Strip tape applied to keep the wound edges together. The wounds must be kept dry for 2 weeks. You may take a shower after 48 hours but you must keep the wounds dry with a waterproof dressing.

You may remove the Steri-Strip tape yourself after 7 days but it may fall off before then. If you have stitches, you must make an appointment with your GP practice nurse to have them removed 10 to 14 days after your surgery.

You will have an outpatient review with the surgical team about 6 weeks after your surgery.

Post-operative symptoms

You may need to take pain relief such as paracetamol or ibuprofen for the first few days after surgery. Ice packs, bag of frozen peas wrapped in a damp towel, can be applied to the area twice a day for 10 minutes.

If you experience any of the following:

- chest pain
- shortness of breath
- red, swollen and painful calf muscle
- excessive swelling around your hip or calf muscle
- sign of infection such as discharge from the wound or excessive bleeding

You should either call 111 or attend your local accident and emergency department and explain that you have recently had surgery.

Recovery

Most patients feel an improvement in pain and range of movement between 3 to 6 months after surgery but recovery can continue for up to a year. The time taken to recover will vary from person to person.

Strenuous jobs involving climbing or squatting will require about 4 to 6 weeks off work. Some patients find prolonged sitting difficult and may need to consider a phased return to office work.

Return to activity

Strenuous physical activity can restart 12 to 16 weeks after surgery, if your hip is comfortable. You may be able to return sooner if your physiotherapist thinks you are ready. You may return to sporting activity 12 to 20 weeks after surgery.

When can I start driving?

You can return to driving after five to seven days if your hip is feeling comfortable. You must be able to bend your hip without pain, you can perform an emergency stop safely and that you are in full control of the vehicle. Start with short journeys and build up the distance as comfort allows. You should notify your insurance company of your surgery.

Hip exercises

Your rehabilitation will be supervised by a physiotherapist. You will be given exercises to help you regain the movement, muscle strength and function in your hip. These exercises will be reviewed and adapted as you improve.

The success of your surgery will depend on how well you follow the rehabilitation programme. It is your responsibility to complete the advised exercises, but please discuss any difficulties or worries you have about them with the physiotherapist.

You will be seen regularly by a physiotherapist as an outpatient for the first 3 to 4 months after surgery. As you progress you will be seen less frequently. The aim of rehabilitation is to get you back to your full functional ability including sport if appropriate.

Everyone's recovery from surgery is different and your physiotherapist will tailor the exercises for you as needed.

Rehabilitation following FAIS surgery

There are 5 parts to your rehabilitation:

1. Improving **range of movement**
2. Improving **core strength** (the tummy muscles supporting you back)
3. Improving **muscle strength** (around the hip joint)
4. Improving joint position awareness (proprioception)
5. Improving flexibility

This booklet covers the first stages of your rehabilitation

The following two stretches should be performed daily from day 2 after surgery

Inner thigh stretch

With your unaffected leg straight, place the ankle of the operated leg above the knee of the other leg. Gently lower your knee down to the side as far as is comfortable and hold for 30 seconds. Do this three times a day but stop if this increases pain.



Front of hip stretch

Step forwards with your non operated leg and bend the knee so that you feel a stretch at the front of the operated hip and hold for 30 seconds. If this stretch is too painful then delay this stretch until the pain settles. Do not let your heel come off the floor in the leg that is behind you. Do this three times a day but stop if this increases pain.



The following hip exercises can start immediately after surgery as guided by your physiotherapist (unless told otherwise by your physiotherapist)

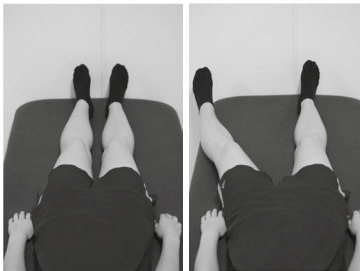
1. Range of movement

The following exercises aim to increase the range of movement in your hip. Start with a small number of repetitions for each exercise and gradually increase the number as your pain allows.



Hip flexion range of movement

- Lie on your back with your legs straight.
- Keep your foot in contact with the floor and slowly slide your foot towards your bottom and away again.
- Repeat 10 times.



Hip abduction range of movement

- Lie on your back, with your legs straight.
- Slide your leg out to the side and then back in again.
- Repeat 10 times.



Four-point kneeling hip rotation range of movement

- On all fours with your hips over your knees and shoulders over your hands
- Rotate your leg by sliding your foot side to side.
- Repeat 10 times.

2. Core strength

The following exercises aim to increase the strength of the muscles of your core. Start with a small number of repetitions for each exercise and gradually increase the number as your pain allows.



Pelvic tilts: option 1

- Sit in a supportive chair with your feet on the floor.
- Place your hands on your pelvis.
- Slowly arch your lower back, your stomach will come forwards
- Straighten your back and come back to the starting position.
- Round your lower back, your stomach will curve inwards.
- Straighten your back and come back to the starting position.
- Repeat 10 times.



Pelvic tilts: option 2



- On all fours with your hips over your knees and shoulders over your hands
- Keep your hands and knees in the same place, arch your back down so your stomach moves towards the floor.
- Straighten your back and come back to the starting position.
- Keep your hands and knees in the same place, round your back up towards the ceiling.
- Straighten your back and come back to the starting position.
- Repeat 10 times.



Static cycling

- The saddle height should be level with your hip when you stand by the bike.
- Sit on the exercise bike.
- Start cycling with no resistance, use your non operated leg to assist your operated leg.
- Cycle for 5-10 minutes.
- Increase the time you cycle for and then the resistance as advised by your physiotherapist.

3. Muscle strength

The following exercises aim to increase the strength of the muscles around your hip. Start with a small number of repetitions for each exercise and gradually increase the number as your pain allows.



Exercise to strengthen the hip

- Lie on your front.
- Bend your knees and place your heels together with your knees apart.
- Gently push your heels together.
- Hold for 5 seconds.
- Repeat 5 times.



Abdominal strengthening

- Lie on your back with your knees bent and your arms by your side.
- Tighten your stomach muscles and press the small of your back against the floor or bed.
- Hold for 5 seconds.
- Relax back to the starting position.
- Repeat 5 times.



Gluteal strengthening

- Lie on your back with your knees bent and your arms by your side.
- Place a belt/non stretchy band across your thighs with your knees, shoulder width apart.
- Gently push your thighs out against the resistance of the belt.
- Hold for 5 seconds.
- Repeat 5 times.



Adductor strengthening

- Lie on your back with your knees bent and your arms by your side.
- With a ball or a folded pillow between your knees, gently squeeze your thighs against the ball or pillow.
- Hold for 5 seconds and then relax.
- Repeat 5 times.

From week 2

Scar massage

When your wounds have healed you can gently massage around the scar tissue at the front/groin area for up to a minute. If this is too sore initially then wait until the soreness settles down and then restart.



Additional information

How to contact us

Nuffield Orthopaedic Centre Hip and Knee Service

Telephone: **01865 737876**

Nuffield Orthopaedic Centre Physiotherapy Department

Telephone: **01865 738074**

Horton General Hospital Physiotherapy Department

Telephone: **01295 229 432**

John Radcliffe Hospital Physiotherapy Department

Telephone: **01865 221 540**

If you have any problems or questions at any stage throughout your rehabilitation, please do not hesitate to ask your Physiotherapist or Doctor for advice.

Disclaimer

You should consult your GP or other health care professional before starting this or any other fitness program to determine if it is right for your needs.

You should not rely on this information as a substitute for, nor does it replace, professional medical advice, diagnosis, or treatment. If you have any concerns or questions about your health, you should always consult with your GP or other health-care professional. The use of any information provided in this booklet is solely at your own risk.

No assurance can be given that the advice contained in this booklet will always include the most recent findings or developments with respect to the particular material.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Physiotherapy Outpatient Department, Nuffield Orthopaedic Centre

Approved by Oxspport, Nuffield Orthopaedic Centre

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Oxford University Hospitals NHS Foundation Trust

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