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Physical Therapy Prescription: **S/P Hip Arthroscopy**

Diagnosis: **Labral Tear / CAM / Pincer**

Procedure: **Labral Repair / Capsular Shift / CAM / Pincer Decompression**

RX: **Evaluate / Treat and FOLLOW ATTACHED PROTOCOL**

Signature: _____ _____

Patrick Birmingham, MD **Date**

General Guidelines:

– No active external rotation x 4 weeks
– Normalize gait pattern with brace and crutches – use x 4 weeks
– 20lbs flat foot weight bearing x 4 weeks
– Continuous Passive Motion Machine
  •4 hours/day or 3 hours if on bike

Rehabilitation schedule:

– Seen post-op Day 1
– Seen 1x/week for first 6 weeks
– Seen 2x/week for second 6 weeks
– Seen 2-3x/week until progressed to full activity

Precautions following Hip Arthroscopy/FAI: (Refixation/Osteochondroplasty)

– Hip flexors tendonitis
– Trochanteric bursitis
– Synovitis
– Increase range of motion focusing on flexion, careful of external rotation, and aggressive extension

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Guidelines:

Weeks 0-2
– NO EXTERNAL ROTATION > 20 degrees
– CPM for 4 hours/day
– Bike for 10 minutes per day, in therapy only, for first 2 weeks – high seat, no resistance
– Gait training – crutch use, 20 pounds flat foot weight bearing
– Hip PROM as tolerated (No ER)
– Supine hip log rolling for internal rotation
– Progress with ROM
    •Introduce stool rotations (AAROM hip IR)
– Hip isometrics - NO FLEXION
    •Abduction, adduction , extension, ER
– Pelvic tilts
– Stool rotations for IR
– Supine bridges
– NMES to quads with SAQ
– Quadruped rocking for hip flexion
– Sustained stretching for psoas with cryotherapy (2 pillows under hips)
– Modalities

Weeks 2-4
– Continue with previous therex
– Progress Weight-bearing
    • at end of week 4: wean off crutches (2 crutch→1 crutch→0 crutch)
– Progress with hip ROM
    •Bent knee fall outs (week 4)
    •Stool rotations for ER (week 3-4)
– Glut/piriformis stretch
– Progress core strengthening (avoid hip flexor tendonitis)
– Progress with hip strengthening – isotonics all directions except flexion
    •Start isometric sub max pain free hip flexion(3-4 wks)
– Step downs
– Clam shells→isometric side-lying hip abduction
– Hip Hiking (week 4)
– Begin proprioception/balance training
    • Balance boards, single leg stance
– Bike / Elliptical
– Bilateral Cable column rotations (week 4)
– Treadmill side stepping from level surface holding for support

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Weeks 4-8
– Continue with previous therex
– Progress with ROM
- •Standing BAPS rotations
- •External rotation with FABER
- •Hip Joint mobs with mobilization belt
  - •Lateral and inferior with rotation
  - •Prone posterior-anterior glides with rotation
- •Hip flexor, glute/piriformis, and It-band Stretching – manual and self

– Progress strengthening LE
- • Introduce hip flexion isotonics (Be aware of hip flexion tendonitis)
- •Multi-hip machine (open/closed chain)
- •Leg press (bilateral→unilateral)
- •Isokinetics: knee flexion/extension

– Progress core strengthening (avoid hip flexor tendonitis)
- •Prone/side planks

– Progress with proprioception/balance
- •Bilateral→unilateral→foam→dynadisc

– Progress cable column rotations –unilateral→foam
– Side stepping with theraband
– Hip hiking on Stairmaster
– Scar massage @ 6 weeks if needed
– May begin aquatic therapy in low end of water @ 6 weeks if available

Weeks 8-12
– Progressive hip ROM
– Progressive LE and core strengthening
– Endurance activities around the hip
– Dynamic balance activities

Weeks 12-16
– Progressive LE and core strengthening
– Plyometrics
– Treadmill running program
– Sport specific agility drills

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3,6,12 months Re-Evaluate (Criteria for discharge)

- Hip Outcome Score
- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of uninvolved leg (if available)
- Single leg cross-over triple hop for distance:
    - •Score of less than 85% are considered abnormal for male and female
- Step down test