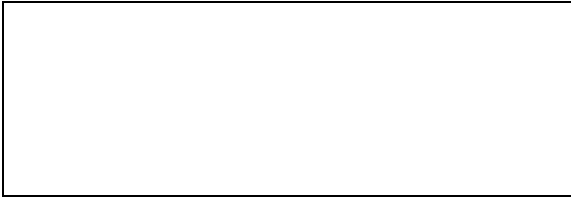


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Physical Therapy Prescription: Hip Arthroscopy

Diagnosis: Labral Tear, Internal Snapping Hip, CAM / Pincer

Procedure: Partial Psoas Release with CAM / Pincer Decompression and Labral refixation / Capsular Shift

RX: Evaluate / Treat, and follow attached protocol

Signature: _____

Patrick Birmingham, MD

Date

General Guidelines:

- No active external rotation for 4 weeks
- Normalize gait pattern with brace and crutches
- Weight-bearing as per procedure performed
- Continuous Passive Motion Machine
 - 4 hours/day or 2 hours if on bike

Frequency of Visits:

- Seen post-op Day 1
- Seen 1x/week for first month
- Seen 2x/week for second month
- Seen 2-3x/week for third month

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

- Weight-bearing will be determined by procedure
- Hip flexors tendonitis
- Trochanteric bursitis
- Synovitis

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–
Manage scarring around portal sites and hip flexor region

–
Increase range of motion focusing on flexion, careful of external rotation, and aggressive extension

Guidelines:

Weeks 0-2

–
NO EXTERNAL ROTATION > 20 degrees

–
CPM for 4 hours/day

–
Bike for 20 minutes/day (can be 2x/day)

–
Scar massage

–
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)

–
Gait training PWB with assistive device

–

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Modalities

Weeks 2-4

-
- Continue with previous therex
-
- Progress Weight-bearing (week 3)
 -
- Week 4: wean off crutches (2 → 1 → 0)
-
- 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
-
- Scar massage
-
- Bilateral Cable column rotations (week 4)
-
- Treadmill side stepping from level surface holding on → inclines (week 4)
-
- Aqua therapy in low end of water

Weeks 4-8

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–
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 isotonic (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

Weeks 8-12

–
Progressive hip ROM

–
Progressive LE and core strengthening

–
Endurance activities around the hip

–
Dynamic balance activities

Weeks 12-16

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Progressive LE and core strengthening

–

Plyometrics

–

Treadmill running program

–

Sport specific agility drills

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

–

Single leg cross-over triple hop for distance:

- Score of less than 85% are considered abnormal for male and female

–

Step down test