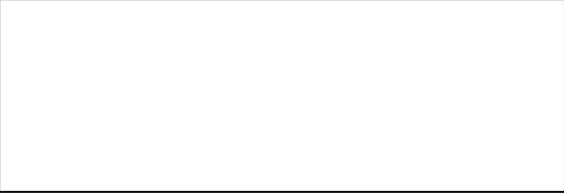


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**Physical Therapy Prescription: Hip Arthroscopy**

**Diagnosis: Gluteus Medius Tear, Labral Tear, CAM / Pincer**

**Procedure: Gluteus Medius Repair, CAM / Pincer Decompression, Labral refixation / Capsular Shift**

**RX: Evaluate / Treat, and follow attached protocol**

**Signature: \_\_\_\_\_**

**Patrick Birmingham, MD**

\_\_\_\_\_

**Date**

**General Guidelines:**

- 
- Normalize gait pattern with brace and crutches
- 
- Weight-bearing: 20 lbs for 6 weeks
- 
- Continuous Passive Motion Machine
  - 4 hours/day or 2 hours if on bike

**Rehabilitation Goals/ Frequency:**

- 
- Seen post-op Day 1
- 
- Seen 1x/week for 6 weeks
- 
- Seen 2x/week for 6 weeks
- 
- Seen 2-3x/week for 6 weeks

**Precautions following Hip Arthroscopy:**

- 
- Weight-bearing will be determined by procedure
- 
- Hip flexors tendonitis

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–  
Trochanteric bursitis

–  
Synovitis

–  
Manage scarring around portal sites

–  
Increase range of motion focusing on flexion

- No active abduction, IR, or passive ER, adduction (at least 6 weeks)

### **Guidelines:**

#### **Weeks 0-4**

–  
CPM for 4 hours/day

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

–  
Scar massage

–  
Hip PROM

- Hip flexion to 90 degrees, abduction as tolerated
- No active abduction and IR
- No passive ER or adduction (6 weeks)

–  
Quadruped rocking for hip flexion

–  
Gait training PWB with assistive device

–  
Hip isometrics -

- Extension, adduction, ER at 2 weeks

–  
Hamstring isotonic

–  
Pelvic tilts

–  
NMES to quads with SAQ

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Modalities

**Weeks 4-6**

- 
- Continue with previous therapy
- 
- Gait training PWB with assistive device
  - 20 pounds through 6 weeks
- 
- Progress with passive hip flexion greater than 90 degrees
- 
- Supine bridges
- 
- Isotonic adduction
- 
- Progress core strengthening (avoid hip flexor tendonitis)
- 
- Progress with hip strengthening
  - Start isometric sub max pain free hip flexion(3-4 wks)
  - Quadriceps strengthening
- 
- Scar massage
- 
- Aqua therapy in low end of water

**Weeks 6-8**

- 
- Continue with previous therapy
- 
- Gait training: increase WBing to 100% by 8 weeks with crutches
- 
- Progress with ROM
  - Passive hip ER/IR
    - Supine log rolling →Stool rotation→Standing on BAPS
  - Hip Joint mobs with mobilization belt (if needed)
    - Lateral and inferior with rotation
    - Prone posterior-anterior glides with rotation
- 
- Progress core strengthening (avoid hip flexor tendonitis)

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### **Weeks 8-10**

- 
- Continue previous therapy
- 
- Wean off crutches (2→1→0)
- 
- Progressive hip ROM
- 
- Progress strengthening LE
  - Hip isometrics for abduction and progress to isotonics
  - Leg press (bilateral LE)
  - Isokinetics: knee flexion/extension
- 
- Progress core strengthening
- 
- Begin proprioception/balance
  - Balance board and single leg stance
- 
- Bilateral cable column rotations
- 
- Elliptical

### **Weeks 10-12**

- 
- Continue with previous therapy
- 
- Progressive hip ROM
- 
- Progressive LE and core strengthening
  - Hip PREs and hip machine
  - Unilateral Leg press
  - Unilateral cable column rotations
  - Hip Hiking
  - Step downs
- 
- Hip flexor, glute/piriformis, and It-band Stretching – manual and self
- 
- Progress balance and proprioception
  - Bilateral →Unilateral →foam →dynadisc

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–  
Treadmill side stepping from level surface holding on progressing to inclines

–  
Side stepping with theraband

–  
Hip hiking on stairmaster (week 12)

### **Weeks 12 +**

–  
Progressive hip ROM and stretching

–  
Progressive LE and core strengthening

–  
Endurance activities around the hip

–  
Dynamic balance activities

–  
Treadmill running program

–  
Sport specific agility drills and plyometrics

### **3-6 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