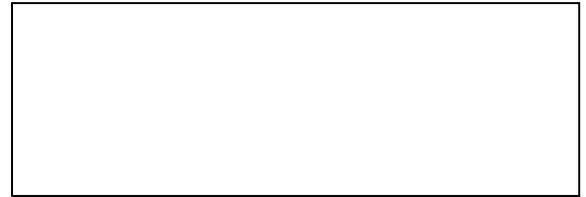


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**Physical Therapy Prescription: Hip Arthroscopy**

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

**Procedure: CAM / Pincer Decompression and Labral Debridement**

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

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

**Patrick Birmingham, MD**

\_\_\_\_\_ **Date**

**General Guidelines:**

- 
- 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

**Rehabilitation Goals:**

- 
- 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: (Debridement/Osteochondroplasty)**

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

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Synovitis

–

Manage scarring around portal sites

–

Increase range of motion focusing on rotation and flexion

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**Guidelines:**

**Weeks 0-2**

- 
- CPM for 4 hours/day
- 
- Bike for 20 minutes/day (can be 2x/day)
- 
- Scar massage
- 
- Hip PROM as tolerated
- 
- Supine hip log rolling for rotation
- 
- Bent Knee Fall Outs
- 
- Hip isometrics - NO FLEXION
  - ABD/ADD/EXT/ER/IR
- 
- Pelvic tilts
- 
- Supine bridges
- 
- NMES to quads with SAQ
- 
- Stool rotations (Hip AAROM ER/IR)
- 
- Quadruped rocking for hip flexion
- 
- Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- 
- Gait training PWB with bilateral crutches
- 
- Modalities

**Weeks 2-4**

- 
- Continue with previous therex

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—  
Progress Weight-bearing  
•Wean off crutches (2 →1→0)

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- 
- Progress with hip ROM
  - External Rotation with FABER
  - Prone hip rotations (ER/IR)
  - BAPS rotations in standing
- 
- 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
- 
- Treadmill side stepping from level surface holding on →inclines (week 4)
- 
- Aqua therapy in low end of water (No treading water)

#### **Weeks 4-8**

- 
- Continue with previous therex
- 
- Progress with ROM
  - Hip Joint mobs with mobilization belt

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- Lateral and inferior with rotation
- Prone posterior-anterior glides with rotation
- Hip flexor 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**

–  
Progressive LE and core strengthening

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—  
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