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Physical Therapy Prescription: 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 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

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: (Refixation/Osteochondroplasty)

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

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- Manage scarring around portal sites
-
- 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 – isotonic 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

–
Continue with previous therex

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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

–
Progressive LE and core strengthening

–
Plyometrics

–

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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

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Step down test