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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 Debridement

RX: Evaluate / Treat, and follow attached protocol

Signature: _____

Patrick Birmingham, MD

Date

General Guidelines:

-
- Normalize gait pattern with brace and crutches
 - Stress extension phase of gait
-
- Weight-bearing as per procedure performed
-
- Continuous Passive Motion
 - 4 hours/day or 2 hours if on bike
-
- Usually in more pain

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: (Debridement/Iliopsoas Release)

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

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Trochanteric bursitis

—

Synovitis

—

Manage scarring around portal sites and hip flexor region

—

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 to portals and hip flexor tendon
-
- 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)
-
- Stool hip flexor stretch
-
- Gait training PWB with bilateral crutches
-
- Modalities

Weeks 2-4

-
- Continue with previous therex
-
- Progress Weight-bearing

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- Wean off crutches (2→1→0)

–
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→incline (week 4)

–
Aqua therapy in low end of water

Weeks 4-8

–
Continue with previous exercises

–
Progress with ROM

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- Hip Joint mobs with mobilization belt
 - 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

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Weeks 12-16

-
- 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