

Physical Therapy Prescription Hip Arthroscopy – Labral Repair General Rx

Patient Name: _____

Today's Date: _____

Surgery Date: _____

Dx: s/p (LEFT / RIGHT) Labral repair with or without FAI component

MODALITIES

TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	BRACE	EXERCISES
0-2 weeks	WBAT	CPM for 4 hours/day. Bike for 20-30 min/day. PROM as tolerated but NO ER > 20 degrees	None	Hip isometrics – NO FLEXION with resistance. Pelvic tilts, supine bridges, quadruped rocking for hip flexion, gait training, modalities
2-4 weeks	WBAT. Wean off crutches (2→1→0) as gait normalizes	Continue previous tx, progress ROM, bent knee fall outs, BAPS rotations in standing. Hip flexor and ITB – manual and self.	None	Glut/piriformis stretch, core strengthening (avoid hip flexor tendinitis), hip strengthening – isotonic in all direction except flexion, balance training (flat ground only), clam shells, bike
4-8 weeks	WBAT	Continue previous tx, full ROM, standing BAPS, prone hip IR/ER, ER with FABER, hip flexor / glut / piriformis / IT stretching	None	Progress strengthening, begin hip flexor isotonic, open/closed chain hip exercises, leg press bilateral, short arc CKC strength, core strengthening, proprioception
8-12 weeks	WBAT	Full ROM	None	Progress LE and core strengthening, hip endurance activities, dynamic balance
12-16 weeks	WBAT	Full ROM	None	Progress LE and core strengthening, plyometrics, treadmill running program, sport specific agility drills
3-6 months	WBAT	Full ROM	None	Hip Outcome Score, pain free or manageable discomfort, MMT within 10% uninvolved LE, Biodex quad and hamstring peak torque within 15% uninvolved, Single leg cross-over triple hop for distance within 85% uninvolved
Criteria for Discharge	WBAT	Full ROM	None	

Physical therapy to evaluate and treat for post-op hip arthroscopy.

Frequency & Duration: Evaluate post-op day 10-14, 1-2x/week for 1st 6 weeks, 2-3x/week for 2nd 6 weeks, 1-2x/week for 3rd 6 weeks (if needed)

**Please send progress notes.

Physician's Signature: _____ **M.D.**