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Orthopaedic Surgery and Sports Medicine

PATIENT NAME

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**HIP ARTHROSCOPY PHYSICAL THERAPY PRESCRIPTION**

**SURGERY: ( LEFT / RIGHT)­­­­­­­ HIP ARTHROSCOPY ( + / - ) LABRAL REPAIR ( + / - ) OSTEOPLASTY DATE:\_\_\_\_\_\_\_\_\_\_**

**Phase 1: Weeks (0-3)**

Goals: Protection of the repaired tissue

Prevent muscular inhibition and gait abnormalities

Diminish pain and inflammation

Precautions: 20 lb. flat-foot weight-bearing post-op for 2 weeks

Do not push through pain or pinching, gentle stretching will gain more ROM

Gentle PROM only, no passive stretching

Avoid Capsular Mobilizations

Avoid any isolated contraction of iliopsoas (No unassisted straight leg raises)

Initial Exercises:

AAROM: within range limitations, pain free.

ROM Guidelines (pain free)

Flexion: 90°

Ext: 0°

Abd: 25-30°

IR: 90 deg. hip flexion: 0 deg; neutral (prone): within comfort zone

ER: 90 deg. hip flexion: 30 deg; neutral (prone): 20 deg

\*After 3 weeks, gradually progress ROM as tolerated, within pain -free zone

-STM (scar; ant, lat, med and post aspects of hip; lumbar paraspinals, quad/hamstring)

-Stationary bike with no resistance

- Isometric (quad setting, gluteal setting, TA isometrics with diaphragmatic breathing)

- Prone lying (modify if having low back pain) –AVOID in instability patients

- Week 3: Start isometrics and emphasize gait training

**Phase 2: Weeks (4-6)**

Criteria for progression to Phase 2:

Full Weight Bearing Must Be Achieved Prior To Progressing To Phase 2

Goals:

Protection of the repaired tissue

Restore Full Hip ROM – (ROM must come before strengthening)

Restore Normal Gait Pattern

Initiate Strengthening of Hip, Pelvis, and LE’s

Emphasize gluteus medius strengthening (non-weight bearing)

Precautions:

No forced (aggressive) stretching of any muscles

No joint/capsular mobilizations – to avoid stress on repaired tissue

Avoid inflammation of hip flexor, adductor, abductor, or piriformis

Intermediate Exercises

- Gentle strengthening; ROM must come before strengthening

- Stationary bike no resistance, add resistance at 5-6 weeks

- Start strengthening progression for hip flexion, extension, abduction, and IR/ER (see appendix)

- Pelvic floor strengthening

- Initiate light quad and hamstring strengthening

- 1/2 kneel: gentle pelvic tilt for gentle stretch of iliopsoas

- Quadruped rocking (gentle prayer stretch) for flexion ROM

- Gait progression: weight shift side to side then weight shift forward/backward, step over small obstacle with non-surgical leg (focus on hip extension on surgical leg)

- Balance progression: double leg to single leg balance

**Phase 3: Weeks (7-9)**

Criteria for progression to Phase 3:

Full Weight Bearing Must Be Achieved Prior To Progressing To Phase 3

Goals:

Full Hip ROM and Normal Gait Pattern

Progressive Strengthening of Hip, Pelvis, and LE’s

Emphasize gluteus medius strengthening in weight bearing

Precautions:

No forced (aggressive) stretching of any muscles

No joint/capsular mobilizations – to avoid stress on repaired tissue

Avoid inflammation of hip flexor, adductor, abductor, or piriformis

Intermediate Exercises

- Continue with progression of exercises from appendix

- Crab / monster walk

- Increase intensity of quadriceps and hamstring strengthening

- Quadruped lumbar / core stabilization progression

(Pelvic tilts to arm lifts to hip extension to opposite arm/leg raise)

- Balance progression: single leg balance to compliant/uneven surface

- Elliptical / stair stepper: 6-8 weeks

- Step and squat progression

- Slide board: hip abduction / adduction, extension, IR/ER. No forced abduction. Stop short of

any painful barriers.

**Phase 4: Weeks (10-12)**

Criteria for progression to Phase 4:

Full ROM

Pain free Normal gait pattern

Hip flexor strength of 4/5

Hip abd, add, ext, and IR/ER strength of 4+/5

Goals:

Full Restoration of muscular strength and endurance

Full Restoration of patient’s cardiovascular endurance

Precautions:

No contact activities

No forced (aggressive) stretching

No joint mobilizations – to avoid stress on repaired tissue

Exercises:

- No treadmill walking until 12 weeks

- Anterior / side plank progression

- Lunges all directions

- Single leg squat

**Phase 5: Weeks >12**

Criteria for progression to Sport Specific Training:

Hip flexor strength 4+/5

Hip add, abd, ext, IR/ER 5/5

Cardiovascular endurance equal to pre-injury level

Demonstrates proper squat form and pelvic stability with initial agility drills.

Stable single - leg squat.

Return to sport activities as tolerated without pain, consistent with MD orders.

Exercises:

- Customize strengthening and flexibility program based on patient’s sport and/or work activities

- Z cuts, W cuts, Cariocas

- Agility drills

- Jogging

- Gradual return to sport

**Physician’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Taylor R. Dunphy, MD, Orthopaedic Surgeon, Newport Orthopedic Institute**