

Physical Therapy Prescription Hip Arthroscopy – Capsular Shift

Patient Name:

Today's Date:

Surgery Date:

Dx: s/p (LEFT / RIGHT) Capsular shift with or without FAI component

MODALITIES

TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	BRACE	EXERCISES
0-2 weeks	PWB with crutches	CPM for 4 hours/day. Bike for 20-30 min/day. PROM as tolerated focus on flexion, NO ER > 20 degrees	Hiptric for ambulation only	Hip isometrics – NO FLEXION. 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 (week 4), Stool rotations for ER (week 3-4) max 30 degrees. Prone hip ER/IR (week 4)	None	Glut/piriformis stretch, core strengthening (avoid hip flexor tendinitis), hip strengthening – isotonic in all direction except flexion, clam shells, step downs, hip hiking (week 4), balance training, bike with resistance, proprioception
4-8 weeks	WBAT	Continue previous tx, full ROM, standing BAPS, prone hip IR/ER, ER with FABER, hip flexor / glut / piriformis / IT stretching, hip flexor stretch on stool to increase hip extension	None	Progress strengthening, begin hip flexor isotonic, open/closed chain hip machine, leg press (bilateral → unilateral), knee isokinetics, core strengthening, progress proprioception
8-12 weeks	WBAT	Full ROM, hip joint mobs with mobilization belt ONLY if necessary	None	Progress LE and core strengthening, hip endurance activities, dynamic balance activities
12-16 weeks	WBAT	Full ROM	None	Progress LE and core strengthening, plyometrics, treadmill running program, sport specific agility drills
3,6,12 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				

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

Frequency & Duration: Evaluate post-op day 1, 2x/week for 1st month, 2x/week for 2nd month, 2-3x/week for 3rd month, 1-2x/week for 4th month

**Please send progress notes.

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