

Physical Therapy Prescription Hip Arthroscopy – Partial Psoas Release & Labral Debridement

Patient Name:

Today's Date:

Surgery Date:

Dx: s/p (LEFT / RIGHT) Partial psoas release with labral debridement 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. Hip PROM as tolerated but NO ER > 20 degrees,	Hiptric for ambulation only	Hip isometrics – NO FLEXION. Pelvic tilts, supine bridges, quadruped rocking for hip flexion, gait training, modalities, sustained psoas stretching with cryotherapy (2 pillows under hips)
2-4 weeks	WBAT. Wean off crutches (2→1→0) as gait normalizes	Continue previous tx, progress ROM, ER with FABER, BAPS rotations in standing	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
4-8 weeks	WBAT	Continue previous tx, Full ROM, hip joint mobs with mobilization belt	None	Progress strengthening, begin hip flexor isotonic, open/closed chain hip machine, leg press bilateral → unilateral, knee isokinetics, core strengthening, proprioception
8-12 weeks	WBAT	Full ROM	None	Progress LE and core strengthening, hip endurance activities, dynamic balance, light plyometrics
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.**