

## Physical Therapy Prescription Hip Arthroscopy – Partial Psoas Release & Labral Repair

**Patient Name:**

**Today's Date:**

**Surgery Date:**

**Dx: s/p ( LEFT / RIGHT ) Partial psoas release with labral repair with or without FAI component**

### MODALITIES

TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	BRACE	EXERCISES
<b>0-2 weeks</b>	TTWB	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)
<b>2-4 weeks</b>	WBAT. Wean off crutches (2→1→0) as gait normalizes	Continue previous tx, progress ROM, bent knee fall outs (week 4), Stool / prone rotations for ER (week 3-4).	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
<b>4-8 weeks</b>	WBAT	Continue previous tx, full ROM, standing BAPS, ER with FABER, hip flexor / glut / piriformis / IT stretching manual and self	None	Progress strengthening, begin hip flexor isotonic, open/closed chain hip machine, leg press bilateral → unilateral, knee isokinetics, core strengthening, proprioception
<b>8-12 weeks</b>	WBAT	Full ROM	None	Progress LE and core strengthening, hip endurance activities, dynamic balance, light plyometrics
<b>12-16 weeks</b>	WBAT	Full ROM	None	Progress LE and core strengthening, plyometrics, treadmill running program, sport specific agility drills
<b>3,6,12 months</b>	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
<b>Criteria for Discharge</b>				

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

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

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**