

## Physical Therapy Prescription

### Hip Arthroscopy – Labral Repair with Cartilage Transplant - Autograft

**Patient Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Surgery Date:** \_\_\_\_\_

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

TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	EXERCISES
<b>0-4 weeks</b>	TTWB	CPM for 4 hours/day ideal. Bike for 20-30 min/day x 2. PROM as tolerated but NO ER > 10 degrees. Limit hip extension to neutral with exception of gait	Hip isometrics – NO FLEXION with resistance. Pelvic tilts, supine bridges, quadruped rocking and PROM for hip flexion, anti-inflammatory modalities, stationary bike
<b>4-6 weeks</b>	TTWB	Continue previous ROM. Hip flexor and ITB – manual and self, soft tissue mobilization.	Glut/piriformis rolling, core strengthening (avoid hip flexor tendinitis), hip strengthening – OKC, bike, swimming
<b>6-8 weeks</b>	WBAT after 6 weeks  Limit 45 lb load for all strength exercises x 12 weeks	Progress previous tx, full ROM with the exception of hip extension and ER. Limit hip extension to normal walking gait only. DO NOT STRETCH ANTERIOR HIP X 12 WEEKS	Progress strengthening, closed chain hip exercises, leg press bilateral*, short arc CKC strength, Weight limit 45# when weighted.  *Leg press max weight is patient's body weight + 45 lbs.
<b>8-12 weeks</b>	WBAT	Full ROM with exception of hip extension and ER	Progress LE and full body strengthening, hip endurance activities, Hip hinge exercises. Cont. 45# max load
<b>12-16 weeks</b>	WBAT Jogging may begin at 12 weeks post op	Full ROM – May begin to stretch anterior hip and ER of hip	May begin linear progression of squat and deadlift, plyometrics, running program, sport specific agility drills
<b>3-6 months</b>	WBAT	Full ROM	NO OPEN CHAIN BIODEX TESTING, Single leg cross-over triple hop for distance within 85% uninvolved, Deadlift = to body weight pain-free (HEX BAR okay)

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

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

\*\*Please send progress notes.

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