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Physical Therapy Prescription

Patient
Name: _____ Date: _____

Diagnosis: Right/Left hip arthroscopic FAI with/without labral debridement

Date of Surgery: _____

Evaluate and Treat
Provide patient with home exercise program

Weeks 1-2

- ◆ Bike for 20 minutes/day (can be 2x/day)
- ◆ Scar massage to portals and hip flexor tendon
- ◆ Hip PROM as tolerated
- ◆ Supine hip log rolling for rotation
- ◆ Bent Knee Fall Outs
- ◆ Hip isometrics - NO FLEXION
- ◆ ABD/ADD/EXT/ER/IR
- ◆ Pelvic tilts
- ◆ Supine bridges
- ◆ NMES to quads with SAQ
- ◆ Stool rotations (Hip AAROM ER/IR)
- ◆ Quadruped rocking for hip flexion
- ◆ Sustained stretching for psoas with cryotherapy (2 pillows under hips)
- ◆ Stool hip flexor stretch
- ◆ Gait training PWB with bilateral crutches

Weeks 2-8

- ◆ Continue with previous therex
- ◆ Progress Weight-bearing
- ◆ Wean off crutches (2 → 1 → 0)
- ◆ Progress with hip ROM
- ◆ External Rotation with FABER
- ◆ Prone hip rotations (ER/IR)
- ◆ BAPS rotations in standing
- ◆ Glut/piriformis stretch
- ◆ Progress core strengthening (avoid hip flexor tendonitis)
- ◆ Progress with hip strengthening – isotonic all directions except flexion
- ◆ Start isometric sub max pain free hip flexion(3-4 wks)
- ◆ Step downs

- ◆ Clam shells → isometric side-lying hip abduction
- ◆ Hip Hiking (week 4)
- ◆ Begin proprioception/balance training
- ◆ Balance boards, single leg stance
- ◆ Bike / Elliptical
- ◆ Scar massage
- ◆ Bilateral Cable column rotations
- ◆ Treadmill side stepping from level surface holding on → inclines (week 4)
- ◆ Aqua therapy in low end of water
- ◆ Continue with previous therex
- ◆ Progress with ROM

Other:

Modalities

Electric Stimulation Ultrasound Heat before/after Ice before/after

May participate in aquatherapy

Frequency: _____ x/ week x _____ weeks

Signature: _____

Please fax a copy of patient report to 312-942-1517 at least 3 days prior to patient appointment.