

Hip Rehabilitation Physical Therapy Prescription

David E. Hartigan, M.D.

Right Left

Frequency: _____ x/week x _____ weeks

Physical therapist to evaluate and treat Dx: Hip Pain, FAI, Labral Tear

- May progress through phases as pain allows

Guidelines:

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| <input type="checkbox"/> Hip isometrics - NO FLEXION <ul style="list-style-type: none"> • ABD/ADD/EXT/ER/IR <input type="checkbox"/> Pelvic tilts <input type="checkbox"/> Supine bridges <input type="checkbox"/> NMES to quads with SAQ with pelvic tilt <input type="checkbox"/> Stool rotations / prone rotations | <input type="checkbox"/> Stool stretch for hip flexors and adductors <input type="checkbox"/> Quadruped rocking for hip flexion <input type="checkbox"/> Sustained stretching for psoas with cryotherapy (2 pillows under hips) <input type="checkbox"/> Modalities |
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Weeks 2-4

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| <input type="checkbox"/> Continue with previous therex <input type="checkbox"/> Glut/piriformis stretch <input type="checkbox"/> Progress core strengthening (avoid hip flexor tendonitis) <input type="checkbox"/> Progress with hip strengthening – isotonics all directions except flexion <ul style="list-style-type: none"> • Start isometric sub max pain free hip flexion (3-4 wks) <input type="checkbox"/> Step downs <input type="checkbox"/> Clam shells g isometric side-lying hip abduction (may be done in supine position with Theraband if side lying is painful) | <input type="checkbox"/> Hip hiking (week 4) <input type="checkbox"/> Begin proprioception/balance training <ul style="list-style-type: none"> • Balance boards, single leg stance <input type="checkbox"/> Bike / Elliptical <input type="checkbox"/> Bilateral Cable column rotations <input type="checkbox"/> Aqua therapy in low end of water (no treading water) if available |
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Weeks 4-8

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| <input type="checkbox"/> Elliptical <input type="checkbox"/> Continue with previous therex. Progress bike time and resistance. <input type="checkbox"/> Progress with ROM <ul style="list-style-type: none"> • Hip flexor and It-band Stretching – manual and self <input type="checkbox"/> Progress strengthening LE <ul style="list-style-type: none"> • Introduce hip flexion isotonics (Be aware of hip flexion tendonitis) • Multi-hip machine (open/closed chain) • Leg press (bilateral g unilateral) • Isokinetics: knee flexion/extension | <input type="checkbox"/> Progress core strengthening (avoid hip flexor tendonitis) <ul style="list-style-type: none"> • Prone/side planks Progress with proprioception/balance <ul style="list-style-type: none"> • Bilateral g unilateral g foam g dynadisc <input type="checkbox"/> Progress cable column rotations – unilateral g foam <input type="checkbox"/> Side stepping with theraband <input type="checkbox"/> Hip hiking on Stairmaster <input type="checkbox"/> Treadmill side stepping from level surface holding on g inclines (week 4) when gluteus medius is with good strength |
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Weeks 8-12

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| <input type="checkbox"/> Progressive hip ROM | <input type="checkbox"/> Endurance activities around the hip | <input type="checkbox"/> Begin light plyometrics |
| <input type="checkbox"/> Progressive LE and core strengthening | <input type="checkbox"/> Dynamic balance activities | |

Weeks 12 and beyond

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| <input type="checkbox"/> Progressive LE and core strengthening | <input type="checkbox"/> Plyometrics |
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Physician Signature

Date

Printed Name

Please send progress notes.