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Physical Therapy Prescription Hip Arthroscopy – Capsular Repair

Patient Name:		Today's Date:		Surgery Date:
Dx: s/p(LEFT / RIGHT) Capsular repair				
MODALITIES				
TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	BRACE	EXERCISES
0-2 weeks	WBAT	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	None	Hip isometrics – NO FLEXION with resistance. Pelvic tilts, supine bridges, quadruped rocking and PROM for hip flexion, gait training, modalities
2-4 weeks	WBAT. Wean off crutches (2→1→0) as gait normalizes	Continue previous tx, progress ROM in flexion, bent knee fall outs, Hip flexor and ITB – manual and self, soft tissue mobilization.	None	Glut/piriformis rolling, core strengthening (avoid hip flexor tendinitis), hip strengthening – CKC, balance training (flat ground only), bike, easy hikes, swimming
4-8 weeks	WBAT	Progress previous tx, LIMIT hip extension, abduction and ER.	None	Progress strengthening, closed chain hip exercises, leg press bilateral, short arc CKC strength, Weight limit 45#
	Limit 45 lb load for all strength exercises x 12 weeks	Foam roller for mobilization		
8-12 weeks	WBAT	Full ROM	None	Progress LE and full body strengthening, hip endurance activities, Hip hinge exercises. Cont. 45# max load
12-16 weeks	WBAT Jogging may begin at 12 weeks post op	Full ROM	None	May begin linear progression of squat and deadlift, plyometrics, running program, sport specific agility drills
3-6 months Criteria for Discharge	WBAT	Full ROM	None	Hip Outcome Score, pain free or manageable discomfort, NO OPEN CHAIN BIODEX TESTING, Single leg cross-over triple hop for distance within 85% uninvolved, Deadlift 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 1st 6 weeks, 1-2x/week for 2nd 6 weeks, 1-2x/week for 3rd 6 weeks (if needed)				
**Please send progress notes.				
Physician's Signature:				M.D.