



Patient Name: _____

Date: _____

Patient DOB: _____

NON-OPERATIVE HIP PHYSICAL THERAPY PROTOCOL

Visits: _____ **Frequency:** _____/week **Duration:** _____ weeks

Evaluate and treat Home program

Acute Phase:

1. Avoid all aggravating activities to the hip joint.
2. Icing program, 20 to 30 minutes, 3 to 5 times a day
3. Gentle mobilization and passive range of motion without pain
4. Gentle hip distraction
5. Modalities as needed to decrease inflammation and pain (E-stim, ultrasound)
6. Nonsteroidal anti-inflammatories

General Stretching/strengthening Phase:

1. 2 to 3 visits per week for 4 to 6 weeks, 5 times a week home program
2. Stationary bicycle, begin no resistance, keep seat high enough to avoid painful hip flexion, 20 minutes 5 times a week. Advance resistance and lower seat as indicated.
3. Stretching as indicated including adductors, iliopsoas, Piriformis, quadriceps, hamstrings, IT band, and lower back
4. Hip strengthening all planes with emphasis on gluteus medius and external rotators, core strengthening to include trunk muscles [transverse abdominus, side supports, bridging (swiss ball, single leg), trunk and low back stabilizers]
5. Functional balance progression from single leg activities to multi-tasking including dynadisk
6. Advance to low impact endurance activities including seated rowing, elliptical, and/or stair climber. NO TREADMILL.
7. Advance weight training with closed-chain exercises including leg presses, step-ups, mini-squats, and hamstring curls with light weights, high repetitions. Repetitions should be smooth and slow and NOT explosive. May begin jump rope exercises.
8. Advance functional training/sports specific exercises to include cord resisted single leg standing internal external rotation, skaters/side stepping [Pilates or slideboard, single knee bends (lateral step downs), single leg windmills, lunges, side to side lateral agility, forward or backward running with a cord].

Labral Tear/Femoracetabular Impingement/Hip Pain

- As above

Capsular Laxity

- Less emphasis on stretching (avoid excessive external rotation) and pay more attention to gluteus medius and rotational strengthening

Iliopsoas Tendonitis:

- Emphasis on iliopsoas stretching and caution with supine straight leg raises

Iliotibial Band Tendonitis/Bursitis

- Heavy emphasis on IT band stretching and caution with side leg raises.

Arthritis

- Heavy emphasis on manual therapy as indicated including distraction, direction specific mobilization and general low impact conditioning.

Criteria for Return to Sports/Full Activities:

1. Full functional range of motion
2. No pain or tenderness
3. Good muscular strength
4. Satisfactory clinical examination

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Date