

Official Health Care Partner



UAB MEDICINE

ORTHOPAEDIC SURGERY

Amit Momaya, MD

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PATIENT NAME:

PROCEDURE:

DATE OF SURGERY:

PHYSICAL THERAPY ORDER – HIP ARTHROSCOPY

I certify that formal physical therapy is a medically necessary treatment for this patient. This document, along with my signature, serves as an official order for physical therapy.

PHASE I

Weeks 0-3

WB status: TTWB with crutches

Motion: No flexion past 90 deg, gentle ER and extension, no IR restrictions

Exercises: ankle pumps, isometrics (gluteal, quad, hamstrings, abduction), stationary biking without resistance

Use modalities to decrease pain and inflammation

PHASE II

Weeks 3-6

WB status: progress to full

Motion: gradual return to full ROM

Exercises: Phase I + biking with resistance, swimming, balance/gait training

PHASE III

Weeks 6-12

WB status: full

Motion: full

Exercises: Phase II + elliptical, stair master

PHASE IV

Weeks 12+

WB status: full

Motion: full

Exercises: Phase III + allow strengthening as tolerated including sports specific drills

Return to sport once cleared by MD.