Personalized Hip Physiotherapy Program (Wall et al, British Journal of Sports Medicine, 2016)

FOUR CORE COMPONENTS

1 Patient Education and advice

- Education about FAI and available treatments
- Advice about posture, gait and lifestyle behaviour modifications to try to avoid FAI.
- Advice about activities of daily living to try to avoid FAI (reducing / avoiding deep flexion, adduction and internal rotation of hip)
- Advice about relative rest. In particular, relative rest in a specific ROM where pain in that particular ROM is likely to represent ongoing impingement. Specific activity/sport technique advice and modification.

2 Patient Assessment

- History: to include: History of presenting complaint , relieving and aggravating factors, past Medical History, medications, previous treatments, social history including occupation, patients concerns, fears and beliefs, patients individual requirements and expectations.
- Examination Determine pain-free, passive ROM in the hip, determine the strength of motion in the hip in flexion, extension, abduction, adduction, internal and external rotation and impingement testing

3 Help with Pain Relief

- Advice about anti-inflammatory medication for 2 to 4 weeks.
- Advice about simple analgesics if they do not respond well to anti-inflammatory medication.
- Engagement in, and adherence to, a personalised exercise programme

4 Exercise-based hip programme

- An exercise programme that is individualised, progressive and supervised.
- A phased exercise programme that begins with muscle control work, and progresses to stretching and strengthening with increasing ROM and resistance.
- Muscle control / stability exercise (targeting pelvic and hip stabilisation, gluteal and abdominal muscles)
- Strengthening / resistance exercise firstly in available range (pain-free ROM), and targets: Gluteus maximus, short external rotators, gluteus medius, abdominal muscles, lower limb in general
- Stretching exercise to improve hip external rotation and abduction in extension and flexion (but not vigorous stretching – no painful hard end stretches). Other muscles to be targeted if relevant for the patient include iliopsoas, hip flexors and rotators.
- Exercise progression in terms of intensity and difficulty, gradually progressing to activity or sport-specific exercise where relevant.
- A personalised and written exercise prescription that is progressed and revised over treatment sessions.
- Encourage motivation and adherence through the use of a patient exercise diary to review progress.
- Patients to have access to therabands, exercise balls and exercise mats.

ADDITIONAL OPTIONAL COMPONENTS

The following can be included in the patients care if the treating physiotherapist feels it is appropriate:

- Manual Therapy Hip joint mobilisations e.g. distraction, distraction with flexion, AP glides. Trigger point work
- Hip Joint Injection Potentially useful for patients who do not improve with 'core' treatment. Maximum of one steroid hip injection allowed.
- Orthotics Patients can be assessed for biomechanical abnormalities and either have these corrected by the treating physiotherapist. Alternatively patients can be referred to allied health care professionals such as a podiatrist for custom made insoles etc.
- Taping Taping techniques such as taping the thigh into external rotation and abduction to help with postural modification/reminding.
- Group-based treatments The core programme can be supplemented by but must NOT be substituted with group based treatment.
- Treatment of additional pathology/symptoms Physiotherapists are free to treat any additional pathology or symptoms that they feel is exacerbating a patient's FAI. Examples of this might include treating co-existing low back pain.

DELIVERY OF CARE

- Care provided over at least 12 weeks
- A minimum of 6 'contacts' with the physiotherapist over 12 weeks
- Ideally all 6 contacts are face-to-face but at least 3 should be face-to face, others can be via telephone/email support where that is needed due to geographical distance.
- Further 'booster' follow-ups can be arranged between 12 weeks and 6 months
- The maximum total number of contacts with physiotherapist is 10 including the optional further booster sessions.
- Care provided by the same physiotherapist throughout where possible
- Assessment between treatment sessions will be done by: Subjective assessment, Objective assessment and Exercise adherence

PROTOCOL EXCLUSIONS

- Forceful manual techniques Forceful manual techniques in restricted range of movement (Grade V mobilisations, or forceful stretching). No painful hard end stretches.
- Student or technical instructor care Care should not be delivered by a student or technical instructor
- Hydrotherapy Patients should not have hydrotherapy as part of their treatment
- Acupuncture Patients should not have acupuncture as part of their treatment
- Electrotherapy Patients should not have electrotherapy as part of their treatment

Therapia