

## Physical Therapy Treatment Plan

**Patient Name:** Anna Smith

**Date of Birth:** 07/14/1988

**Start of Care:** 02/12/2025

**Payer:** Private Insurance

**Hospitalization:** None

---

### Diagnosis

The patient has the following diagnosis: Med – femoroacetabular impingement (hip impingement) (M24.8) with an onset date of 02/01/2025.

---

### Treatment Approaches

- **PT Evaluation** (Initial assessment of hip joint mobility, strength, and functional movements, with focus on impingement signs.)
  - **Therapeutic Exercises** (Strengthening exercises for hip flexors, abductors, extensors, and external rotators; stretching of hip flexors and hamstrings to improve range of motion and alleviate impingement.)
  - **Neuromuscular Reeducation** (Focus on proper movement patterns during squatting, sitting, and other functional activities to reduce impingement symptoms.)
  - **Manual Therapy** (Hip mobilizations to improve joint mechanics and reduce catching or locking sensations; soft tissue mobilization to release tight hip flexors and surrounding muscles.)
  - **Activity Modification** (Education on avoiding positions that exacerbate impingement, such as deep squats or prolonged sitting with hip flexion.)
- 

### Frequency, Duration, Intensity, Certified Period

- **Frequency:** 2-3 sessions per week
  - **Duration:** 6-8 weeks
  - **Intensity:** Moderate intensity, progressing based on pain level and functional improvement
  - **Certified Period:** 02/12/2025 - 04/12/2025
-

## **Plan of Treatment**

### **Short Term Goals**

1. Anna will report a 30% reduction in groin and hip pain (VAS score) during squatting and sitting for prolonged periods within 2 weeks (Target: 02/26/2025).
2. Anna will demonstrate improved hip range of motion (10% increase in hip flexion and internal rotation) within 3 weeks (Target: 03/05/2025).
3. Anna will perform hip strengthening exercises (e.g., glute bridges, clamshells) with 80% correct form and without exacerbation of pain within 2 weeks (Target: 02/26/2025).
4. Anna will demonstrate proper squatting form (with limited hip flexion) without catching or locking sensations within 3 weeks (Target: 03/05/2025).

### **Long Term Goals**

1. Anna will regain pain-free hip mobility during functional activities, including squatting and sitting, with no impingement symptoms within 6 weeks (Target: 03/26/2025).
2. Anna will be able to engage in activities like running or cycling without pain or discomfort related to femoroacetabular impingement within 8 weeks (Target: 04/12/2025).
3. Anna will demonstrate normal hip joint function with 80% or greater strength in hip stabilizers (hip flexors, abductors, extensors) within 8 weeks (Target: 04/12/2025).
4. Anna will perform a deep squat with good form (without hip catching or locking) independently and without discomfort within 8 weeks (Target: 04/12/2025).

### **Patient Goals**

- "I want to squat without pain or feeling like my hip is catching."
- "I want to be able to sit for longer periods without feeling discomfort or stiffness in my hip."

### **Potential for Achieving Goals**

- Anna has good motivation and is compliant with her rehabilitation program. While femoroacetabular impingement is a chronic condition, with consistent therapy and activity modifications, Anna shows potential for improvement in mobility, strength, and functional activities. Her prior level of function (PLOF) included regular exercise and active hobbies, which supports a positive prognosis.

### **Participation**

- Anna is actively engaged in her treatment and is willing to modify her exercise routine and daily activities to accommodate the treatment plan. She is highly motivated to regain her mobility and return to her normal level of function.
-

## Initial Assessment / Current Level of Function & Underlying Impairments

### Factors Supporting Medical Necessity

- **Referral:** Anna was referred for physical therapy due to ongoing hip pain related to femoroacetabular impingement.
  - **Medical History:** No prior history of hip surgeries or significant musculoskeletal conditions.
  - **Complexities:** Anna has persistent hip pain, especially with prolonged sitting or squatting, and reports a sensation of catching or locking.
  - **Prior Treatment:** Anna has attempted self-management strategies but has seen minimal improvement.
  - **Prior Living Situation:** Active, with a routine of physical exercise and recreational activities (e.g., running, cycling).
  - **Discharge Plan:** Return to pain-free activities, including squatting, sitting, and running, with no signs of impingement.
  - **Prior Level of Function (PLOF):** Fully functional in activities of daily living (ADLs), exercise, and recreational activities.
- 

### Background Assessment

- **Precautions:** Avoid deep squats, prolonged sitting in flexed hip positions, and activities that worsen impingement symptoms.
- 

### Joint ROM / Goniometric Measurements

- **Hip Flexion (Right):** 90° (Normal: 120°)
  - **Hip Extension (Right):** 10° (Normal: 20°)
  - **Hip Internal Rotation (Right):** 10° (Normal: 30°)
  - **Hip External Rotation (Right):** 30° (Normal: 40°)
- 

### Strength / Manual Muscle Testing

- **Hip Flexors:** 4-/5 (Good-)
  - **Hip Abductors:** 4/5 (Good)
  - **Hip Extensors:** 4-/5 (Good-)
  - **Glutes:** 4/5 (Good)
-

## Balance

- **Sitting Balance:** No significant impairments noted.
  - **Standing Balance:** Stable, but mild discomfort during single-leg stance on the affected side.
  - **Reactions & Strategies:** Able to adjust posture to relieve discomfort but still experiences limitations with squatting or extended sitting.
- 

## Additional Abilities / Underlying Impairments

- **Cardiopulmonary Function:** Normal
  - **Tone and Posture:** Slightly forward-tilted pelvis noted when seated for prolonged periods.
  - **Pain and Edema:** Mild groin pain (VAS 4/10) with squatting, sitting, or hip flexion movements.
  - **Coordination:** Good coordination, but difficulty with hip flexion and deep squatting due to pain.
  - **Cognition:** Cognitively intact, understands the need for activity modifications and therapy exercises.
- 

## Visual Assessment

- **History and Analysis:** Pain in the groin area, especially during functional activities like squatting or sitting for prolonged periods.
  - **Testing:** Decreased hip mobility with pain in the groin during hip flexion and deep squatting positions.
- 

## Functional Assessment

- **Squatting:** Limited depth and pain during the motion, especially with deep squats.
  - **Sitting:** Discomfort during prolonged sitting, especially with hips in flexion.
  - **Daily Activities:** Some limitation in activities that require squatting, bending, or sitting for long periods.
-

## Objective Tests / Measures & Additional Analysis

- **Assessments:**
    - **Pain Severity:** VAS 4/10 with squatting and sitting.
    - **ROM Testing:** Limited hip flexion and internal rotation.
    - **Strength Testing:** Weakness in hip flexors, abductors, and extensors.
  - **Other:** Home Exercise Program (HEP) to focus on hip strengthening, stretching of hip flexors and abductors, and postural exercises.
- 

## Clinical Impressions

Anna presents with femoroacetabular impingement, characterized by hip pain, especially during squatting and prolonged sitting. With appropriate strengthening, stretching, and manual therapy, Anna is expected to improve her hip mobility and reduce pain during functional activities.

---

## Test/Measures and Outcomes

- **Pain Reduction:** Goal to reduce pain to VAS 2/10 or less within 2 weeks.
- **ROM Improvement:** Goal to restore full hip flexion and internal rotation within 6 weeks.
- **Strength Restoration:** Goal to improve hip strength to 4+/5 or better by the end of treatment.
- **Functional Return:** Goal to return to squatting and sitting for long periods without discomfort or catching sensations within 6 weeks.