



4501 Mission Bay Drive, Ste. 3K, San Diego, CA 92109, Phone (858) 866-0340

Hip Osteoarthritis

Studies support that Tendinopathy of the Gluteus Medius and Minimus muscles, with or without bursitis, are significant causes of the greater trochanteric pain syndrome (AJR 1999; 173:1123-1126). Clinical criteria of the American College of Rheumatology defines hip OA as: hip pain and < 15° of internal rotation and < 115° of flexion in the hip joint, OR, patient with hip internal rotation > 15° / pain with hip internal rotation / morning stiffness of the hip for > 60 minutes / and age > 50 yr. (Altman et. al. 1991).

As for patients with hip OA, studies have shown that providing manual physical therapy and stretching provides better outcomes than exercise alone. These patients had better outcomes on pain, stiffness, hip function, and ROM. 81% of patients treated with manual therapy showed success as opposed to 50% with exercise only treatment (Hoeksima et. al. 2004). Interesting enough, severe radiologic findings are non-prognostic and not contraindication of receiving this kind of therapy. In fact, patients showing more changes are the ones who benefit most from manual physical therapy treatments.

Physical therapy can help to reduce use of medication and increase mobility / function for this patient population. The process starts with an initial evaluation and treatment plan including home exercises, ther-ex in gym, manual therapy, and use of modalities as needed.

Learn more about us at: www.oceanpt.net

We accept a wide range of insurance carriers as well as cash clients.

Please call us at 858-866-0340 if you'd like more prescriptions sent to you.

If you'd like to have your fax # removed, please notify us via office phone. Thank you.



"Wave Of Recovery"

Ocean Physical Therapy

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Tel: (858) 866-0340
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Patients Name: _____ Date: _____

Diagnosis: _____ ICD-9: _____

Specific Instructions (as needed): _____

___ Evaluate and Treat (as needed)

- | | |
|--|--|
| <input type="checkbox"/> Manual Therapy - Mobilization | <input type="checkbox"/> Joint Mobilization |
| <input type="checkbox"/> Soft Tissue Massage - Mobilization | <input type="checkbox"/> Neuromuscular Re-education |
| <input type="checkbox"/> Therapeutic Exercise - Active -
Passive - Resistive - Functional | <input type="checkbox"/> Electrical Stimulation - Pain Control |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Traction (manual) - Cervical -
Pelvic - Extremities | <input type="checkbox"/> Cold Pack |
| <input type="checkbox"/> Simulated Work Hardening - Conditioning | <input type="checkbox"/> Heat Pack |
| | <input type="checkbox"/> Custom Foot Orthotics |
| | <input type="checkbox"/> Other - Specify |

Frequency: ___ per week for ___ weeks Physicians Signature: _____

Print Name: _____ Lic/NPI# _____