# Outcomes in Hip Arthroscopy Patients Participating in Physical Therapy vs a Home Exercise Program

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HEALTH

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## Poster #87

# I have no disclosures to report.

SKA is a paid consultant of Stryker Corporation TGM reports consulting fees from Arthrex and is an editorial board member of Clinical Orthopedics and Related Research.







- Formal physical therapy (FPT) is the mainstay of the treatment paradigm for igodolfemoroacetabular impingement (FAI), both in the preoperative and postoperative periods.
- Previous research has demonstrated the importance of FPT in reducing pain and igodotimproving function in FAI patients.
- Current trends in orthopaedics emphasize increasing convenience and igodolaccessibility and decreasing resource use.
- Home exercise programs (HEP) have been utilized effectively in other areas of igodolorthopaedics but have not yet been evaluated in the FAI patient population.



The purpose of this study was to compare the short-term outcomes of a formal physical therapy program and a home exercise program in FAI patients treated with hip arthroscopy.



- Prospective study of patients undergoing primary hip ulletarthroscopy at a single center from Oct 2020 – Oct 2021.
- Patients self-selected into HEP or FPT group. ightarrow

## **Inclusion Criteria**

- 1) Age > 18 years
- completion of pre-operative survey 2)

- **Exclusion criteria**
- any previous ipsilateral hip surgery. 1)



- FPT was conducted as standard of care at our institution and in accordance  $\bullet$ with previously established literature and standards.
- The HEP group was modelled as an at-home version of the formal in-person ightarrowPT regimen. Patients were given an introductory presentation and access to a mobile application which housed recordings of various exercises with instructions to complete a 4-phase, progressively more difficult physical therapy program.
- Number of sets, repetitions, and frequencies of various exercises were  $\bullet$ outlined in the mobile application.



- Surveys were administered at 1, 3, 6, and 12 months. Included in the survey were:
  - Pain Scores (Visual Analogue Scale) \_\_\_\_
  - Single Assessment Numeric Evaluation (SANE)
  - International Hip Outcome Tool-12 (iHOT-12) \_
  - Patient-Reported Outcomes Measurement Information System Physical Function (PROMIS-PF) \_
  - Patient Satisfaction Questionairre



# RESULTS

- 147 patients enrolled with 61 in FPT group and 86 in HEP group.
- There were no significant differences between the groups regarding patient sex (p = 0.675) or body mass index (p = 0.188), though the HEP group was slightly older than the FPT group (33.6 ± 9.5 years vs 30.1 ± 11.4 years; p = 0.048).
- No significant differences were reported between the groups in any outcome measurement at the final 12 month followup.

Variables*	Formal Physical
	Therapy
Hip rated as a percent of normal	83.2 (15.8)
VAS Pain	
At Rest	1.23 (1.86)
ADLs	2.12 (2.42)
During sport	3.58 (2.91)
PROMIS PF T-score	51.0 (7.9)
iHOT-12	71.7 (24.1)
Patient satisfaction, PT	
Very satisfied	14 (56.0%)
Satisfied	8 (32.0%)
Neutral	3 (12%)
Unsatisfied	0 (0%)
Very unsatisfied	0 (0%)
Patient satisfaction, PT dichotomized	
Very satisfied/satisfied	22 (88%)
Neutral/unsatisfied/very unsatisfied	3 (12%)
Patient satisfaction, overall care	
Very satisfied	15 (60.0%)
Satisfied	6 (24.0%)
Neutral	4 (16.0%)
Unsatisfied	0 (0%)
Very unsatisfied	0 (0%)
Patient satisfaction, overall care	
dichotomized	
Very satisfied/satisfied	21 (84.0%)
Neutral/unsatisfied/very unsatisfied	4 (16.0%)

\*Variables represented as N (%) and mean (standard deviation) where appropriate. Continuous variables ana using independent samples t-tests and categorical variables analyzed using Chi Square and Fisher Exact tests.



Home Exercise	P-value
Program	
85.9 (19.8)	0.576
0.74 (1.39)	0.262
1.42 (1.57)	0.214
2.32 (1.89)	0.066
53.1 (10.9)	0.426
77.1 (25.0)	0.421
12 (11 00/)	0.449
13 (41.9%)	
10 (32.3%)	
6 (19.4%)	
2 (6.5%)	
0 (0%)	0 21 2
22 (74 20/)	0.512
23 (74.2%)	
8 (23.8%)	0 747
16 (53 3%)	0.747
10 (33 3%)	
4 (13 4%)	
0 (0%)	
0 (0%)	
	1.000
26 (86.7%)	
4 (13.3%)	
tinuous variables anal	yzed

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# RESULTS



Line graph plotting the survey administration timepoints (x-axis) against the Patient-Reported Outcomes Measurement Information System Physical Function (PROMIS PF) test for the Formal Physical Therapy (black line) and Home Exercise Program (HEP; gray line) groups. Both groups demonstrate significant (p<0.001) and similar improvement in their PROMIS PF score across the study timeframe.



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Table 2: Comparison of preoperative and final follow up PROs between groups				
Variable	Preop Scores	12 Month Follow Up Scores	P-value	
Formal				
Hip rated as a percent of normal	51.7 (24.2)	83.2 (15.8)	<0.001	
VAS Pain				
At Rest	3.31 (2.13)	1.23 (1.86)	<0.001	
ADLs	3.47 (1.78)	2.32 (2.58)	0.010	
During sport	6.06 (2.46)	3.82 (3.19)	0.005	
PROMIS PF T-score	40.7 (6.3)	51.0 (7.9)	<0.001	
iHOT-12	35.5 (14.3)	72.1 (24.6)	<0.001	
HEP				
Hip rated as a percent of normal	56.1 (20.6)	85.5 (21.3)	<0.001	
VAS Pain				
At Rest	3.68 (2.15)	0.74 (1.39)	<0.001	
ADLs	2.59 (1.90)	1.38 (1.52)	<0.001	
During sport	4.07 (2.75)	2.15 (1.75)	<0.001	
PROMIS PF T-score	43.0 (7.9)	53.1 (10.9)	<0.001	
iHOT-12	34.5 (13.7)	76.4 (25.1)	< 0.001	
*Variables represented as N (%) and mean (standard deviation) where appropriate. Continuous variables analyzed				

%) and mean (standard deviation) where appropriate. Continuous variables analyzed using independent samples t-tests and categorical variables analyzed using Chi Square and Fisher Exact tests.

Both FPT and HEP demonstrated significant improvement in outcome and subjective scores from pre-operative to 12 month post-operative.



- This study suggests that FPT and HEP both significantly improve  $\bullet$ outcomes after hip arthroscopy for FAI.
- FPT and HEP show similar improvement in a self-selected ulletpatient population.
- This study is limited by the non-randomized, self-selecting ulletnature of the experimental groups. However, this represents a clinically relevant scenario where patients may reasonably be given a choice between HEP and FPT by the clinician.





For patients undergoing hip arthroscopy for the treatment of FAI, formal physical therapy and home exercise programs are similarly efficacious in terms of patient-reported outcomes of hip function, with both rehabilitation options resulting in significant patient improvement at short term follow-up from their preoperative baseline





