

PHYSICAL THERAPY & HIP DYSPLASIA

A Patient's Guide

Whether you are managing hip dysplasia conservatively or considering surgery, a physical therapist (PT) can be an important member of your healthcare team. This guide answers common questions about physical therapy and offers practical tips to help you make informed decisions about your care.

Please note: This guide reflects physical therapy practice in the United States. Training, regulations, and access to services may look different in other countries.

How Can Physical Therapy Help?

Most physicians and surgeons recommend a course of physical therapy before deciding whether surgery is appropriate. While physical therapy cannot change the underlying structure of a dysplastic hip, it can address many factors that contribute to pain and functional limitations.

Hip dysplasia pain is complex and often influenced by muscle weakness, movement compensations, reduced mobility, and altered biomechanics that develop over time. Physical therapy can help identify which symptoms may be related to the structural condition itself and which may improve through rehabilitation.

Physical therapy may improve pain, function, and quality of life for some people with hip dysplasia. Treatment often focuses on:

- **Strength** – building hip and core muscle support
- **Movement** – improving patterns, posture, and efficiency
- **Stability** – enhancing control and coordination around the hip
- **Activity changes** – modifying what you do (and how you do it) to reduce symptoms

For some individuals, these interventions may allow them to remain active without surgery or delay the need for surgery.

Physical therapy can also play an important role for patients planning surgery. PT can improve strength and function and help control symptoms to prepare for surgery

(**prehabilitation**), while postoperative therapy helps you safely return to daily activities, recreation, and sport.

Are All Physical Therapists the Same?

No.

All physical therapists must graduate from an accredited physical therapy program, pass the National Physical Therapy Examination, and hold a state license to practice. You can verify a therapist's license through the Federation of State Boards of Physical Therapy.

However, physical therapists often develop specialty areas based on their clinical experience, mentorship, continuing education, and advanced training. Much like physicians and surgeons, therapists may become highly specialized in specific patient populations or conditions.

As a result, two physical therapists may have very different levels of experience treating hip conditions. Seeking a second—or even third—physical therapy opinion can be just as valuable as seeking additional medical opinions.

What do all those letters mean after my physical therapist's name?

Physical therapy education has evolved significantly over time.

Historically, entry-level physical therapy degrees included certificate, bachelor's, and master's programs. Today, the entry-level degree is the **Doctor of Physical Therapy (DPT)**.

Patients often wonder whether it is better to see a therapist with a **DPT** versus an older degree such as an **MSPT**. The answer is not always straightforward.

DPT programs generally include additional coursework in areas such as:

- Differential diagnosis
- Medical imaging
- Research
- Healthcare systems and administration
- Clinical decision-making

However, credentials alone do not determine expertise. Many highly experienced therapists who graduated from bachelor's or master's programs have accumulated decades of clinical experience, specialized training, mentorship, and continuing education that make them exceptionally knowledgeable.

When choosing a therapist, consider the whole picture rather than focusing solely on degree credentials. Things like experience, specialization, communication style, and familiarity with your condition are generally more important than credentials.

If you have questions about a therapist's training or experience, don't hesitate to ask. Most therapists are happy to discuss their background and qualifications.

I sometimes see other letters after a physical therapist's name. What do those letters mean?

You may notice additional letters after a therapist's name that reflect advanced certifications or specialty training.

Board Certification

Many therapists pursue **board certification** through the American Board of Physical Therapy Specialties. Common specialties include:

- **OCS** – Orthopedic Clinical Specialist
- **SCS** – Sports Clinical Specialist
- **PCS** – Pediatric Clinical Specialist
- **WCS** – Women's Health Clinical Specialist

To become board certified, therapists must complete extensive clinical experience or a residency program and pass a rigorous specialty examination.

Board certification is voluntary, and many excellent therapists are not board certified. However, these credentials can indicate a strong commitment to a particular area of practice.

Fellowship and Advanced Certifications

Some therapists pursue additional advanced training in specialized treatment approaches. Examples include:

- **FAAOMPT** – Fellow of the American Academy of Orthopaedic Manual Physical Therapists
- **COMT** – Certified Orthopaedic Manual Therapist

These credentials may be particularly relevant for patients seeking providers with advanced manual therapy training.

Academic Degrees

Some therapists also hold advanced academic degrees such as:

- PhD (Doctor of Philosophy)
- DHSc/DHS (Doctor of Health Science)
- EdD (Doctor of Education)

These degrees reflect additional education and expertise, often in research, leadership, education, or healthcare systems, rather than direct clinical specialization.

Do I need a referral to go to physical therapy?

The answer depends on where you live.

Important: Even with direct access, your insurance or a specific clinic may still require a referral for coverage or scheduling.

Many states have "direct access" laws that allow patients to see a physical therapist without first obtaining a physician referral. Some states place limits on how long a therapist can treat a patient without physician involvement, while others do not.

Even if your state allows direct access:

- Your insurance may still require a referral for reimbursement.
- Individual clinics may require a referral before scheduling.
- Your physician or surgeon should remain informed about your treatment.

Open communication among all members of your healthcare team helps ensure coordinated care and the best possible outcomes.

Choosing the right physical therapist.

Finding the right therapist can feel overwhelming. The following factors may help guide your decision.

Tip: It's okay to "shop around." A good fit often comes down to **communication, trust**, and whether your therapist understands your goals—not just credentials.

Specialization and Experience

Look for a therapist who frequently treats orthopedic conditions, hip disorders, or active individuals with complex musculoskeletal problems.

Experience with hip dysplasia can be helpful, but equally important are strong clinical reasoning skills, problem-solving abilities, and a willingness to collaborate with your medical team.

Location and Scheduling

Physical therapy often requires regular visits over an extended period of time. Consider whether the clinic's location and hours fit realistically into your schedule.

Insurance and Cost

Before scheduling, verify:

- Whether the clinic is in-network
- Your copays and deductibles
- Any visit limitations
- Whether out-of-network reimbursement is available

Some practices operate on a cash-pay model. If cost is a concern, ask about rates and reimbursement options before beginning treatment.

Clinic Structure

Not all therapy clinics operate the same way.

In some settings, patients spend their entire appointment working directly with a physical therapist or physical therapist assistant. In others, portions of treatment may be supervised by support staff or therapy aides.

Neither model is inherently right or wrong, but it is important to understand how care is delivered and determine what level of supervision and instruction best meets your needs.

Personal Connection

Perhaps most importantly, find a therapist you trust.

Rehabilitation often involves months of collaboration. A strong therapeutic relationship can make a meaningful difference in your experience and outcomes.

A good therapist should listen carefully, understand your goals, respect your concerns, communicate openly, and help you make informed decisions throughout your rehabilitation journey.

How do I begin to find a physical therapist?

Finding the right therapist can feel overwhelming, but a little research can go a long way.

Here are several places to start:

Ask Your Healthcare Team

Your primary care physician, orthopedic surgeon, or other healthcare providers may have recommendations for therapists who regularly work with patients with hip conditions. If you are planning surgery locally, your surgeon may already have relationships with therapists who are familiar with their rehabilitation protocols.

Search Professional Directories

The American Physical Therapy Association (APTA) maintains directories that can help you locate physical therapists and board-certified specialists in your area. The ISHA Hip Preservation Society has also developed a directory of physical therapist ISHA members around the world who specialize in treating complex hip conditions.

For adolescents and adults with hip dysplasia, therapists specializing in orthopedics (**OCS**) are often a good starting point. Depending on your situation and needs, therapists specializing in sports, women's health, or pediatrics may also be appropriate.

APTA: [APTA Find a PT | Choose PT](#)

APTA Specialists: [Certified Specialist Directory](#)

ISHA Hip Specialists: [Find a Physiotherapist](#)

Ask Other Patients

Recommendations from friends, family members, or other individuals with hip dysplasia can be valuable. Keep in mind, however, that the therapist who was the perfect fit for someone else may not necessarily be the best fit for you.

Contact Local Hospitals

Many hospitals have outpatient rehabilitation programs or can provide referrals to community-based therapists with experience treating orthopedic conditions.

What do I do if I have a limited number of insurance visits?

Limited therapy visits can be frustrating, but with planning and communication, many patients are still able to have successful rehabilitation experiences.

Plan Ahead When Possible

If surgery is planned and your insurance limits therapy visits each year, it may be helpful to consider how your surgery timing aligns with your insurance calendar.

For example, some patients use a few visits before surgery for "prehabilitation," then begin more intensive postoperative therapy after surgery. Depending on the timing, a new insurance year may provide additional therapy visits during later stages of recovery.

Every situation is different, so discuss these considerations with your surgeon, therapist, and insurance provider.

Be Strategic With Your Visits

Not every phase of recovery requires the same level of supervision.

Many patients benefit from:

- More frequent visits during critical stages of recovery
- Independent home exercise programs between visits
- Periodic "check-in" appointments to assess progress and advance exercises

For patients pursuing higher-level goals such as sports, running, physically demanding jobs, or recreational activities, it may be worth saving some visits for later phases of rehabilitation when those activities become appropriate.

Understand Your Resources

Consider what additional resources are available to support your recovery, such as:

- Access to a gym or exercise equipment
- Ability to perform a home exercise program independently
- Family members or friends who can assist with exercises or accountability
- Ability to pay for occasional out-of-pocket visits if needed

Having these conversations early can help you and your therapist develop the most effective plan.

Communicate With Your Therapist

Your therapist should understand any limitations related to insurance coverage so that together you can prioritize how visits are used.

Topics worth discussing include:

- Your available therapy visits
- Your surgeon's rehabilitation protocol

- Your anticipated recovery timeline
- Other medical conditions that could affect healing
- Your work, recreational, or athletic goals

Open communication helps ensure that therapy resources are used as effectively as possible.

Include Your Surgeon in the Conversation

Your surgeon should also understand any barriers to accessing rehabilitation.

In some cases, surgeons may be able to help advocate for additional visits through the insurance authorization process. Even when additional visits are not approved, collaboration between your surgeon and therapist can help optimize your recovery plan.

What do I do if my physical therapist has never treated someone with hip dysplasia?

Don't panic.

Hip dysplasia is a relatively specialized condition, and many therapists may have limited experience treating it—particularly in areas where hip preservation surgery is less common.

While experience with hip dysplasia can certainly be helpful, it is not the only factor that matters.

Often, the most important qualities in a therapist are:

- Strong clinical reasoning skills
- A solid understanding of hip biomechanics
- Experience treating orthopedic conditions
- Creativity and problem-solving ability
- Willingness to collaborate with your healthcare team

Every patient's situation is unique. Even therapists who frequently treat hip dysplasia must adapt treatment plans based on factors such as surgical procedures, pain history, healing timelines, overall health, and personal goals.

If your therapist is unfamiliar with your diagnosis or surgery, provide as much information as possible, including:

- Operative reports
- Clinic notes
- Rehabilitation protocols
- Educational materials provided by your surgeon

Encourage communication between your therapist and your medical team whenever possible. Collaboration helps ensure that rehabilitation recommendations are appropriate for your specific situation.

How do I know if physical therapy is helping?

In general, successful physical therapy leads to gradual improvements in symptoms, function, strength, and confidence over time.

It is important to remember that many people with hip dysplasia have developed compensatory movement patterns over years or even decades. Relearning movement patterns and improving muscle function takes time.

Progress is rarely linear. Most patients experience periods of rapid improvement as well as occasional plateaus, setbacks, or symptom flares.

Encouragement: Ups and downs are normal. A flare doesn't mean you're failing—it often means your plan needs a small adjustment.

To help track progress, consider:

- Keeping a symptom journal
- Recording functional milestones
- Tracking exercise progress
- Reviewing goals regularly with your therapist

Sometimes improvements are subtle and easier to recognize when looking back over several weeks or months rather than day to day.

Try to focus on the larger trajectory of recovery while also celebrating smaller victories along the way.

What do I do if I feel like physical therapy isn't helping?

The first step is to talk openly with your therapist.

Temporary setbacks and symptom flares are common during both conservative treatment and postoperative rehabilitation. These periods do not necessarily mean that something is wrong.

In many cases, increased symptoms may result from:

- Progressing exercises too quickly

- Muscle weakness or poor activation patterns
- Movement compensations
- Temporary irritation associated with increased activity
- Normal healing processes

Often, adjustments to the treatment plan are enough to get recovery moving in the right direction again.

Occasionally, worsening symptoms may signal a more significant issue that requires additional medical evaluation. If concerns persist, communication between you, your therapist, and your physician or surgeon is important.

When should I consider a second opinion?

If you have communicated openly, explored different treatment strategies, and still feel that progress has stalled, seeking a second physical therapy opinion may be appropriate.

Just as physicians and surgeons approach problems from different perspectives, physical therapists bring different training, experiences, and clinical approaches to patient care.

A second opinion does not necessarily mean that your therapist is doing something wrong. Sometimes a fresh perspective can uncover new opportunities for progress.

Many therapists welcome collaboration and may even help connect you with another provider whose expertise complements their own.

If you seek a second opinion, transparency with all providers involved can help ensure that everyone understands your overall rehabilitation plan and can work together to support your goals.