



ORTHOPEDIC ASSOCIATES of HARTFORD

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Postoperative Instructions Following Hip Arthroscopy

General comments: Patients will be given crutches in the surgical center, to be used for 2-6 weeks to reduce weight bearing on the hip. The progression to weight bearing as tolerated will be determined by what is done during the surgery. Additionally, some patients receive a brace that reduces the angle of motion of the hip. Physical therapy will be prescribed and is extremely important to a successful recovery from the procedure.

Additionally, your physician may prescribe a Continuous Passive Motion machine (CPM) in your home for several weeks, which moves your leg and keeps the hip joint in motion with no weight-bearing component.

It is paramount that you use your crutches for whatever period of time you are advised. Keeping partial weight off the hip is a major contributor to a rapid healing of the hip tissues.

The following are some instructions for the initial postoperative period:

- 1. BANDAGES:** Your bandage may be removed 2 days following surgery. Band-Aids can be used to protect the incisions.
- 2. MEDICATIONS:** A prescription will be provided to help relieve pain. Please use this medication as directed. This medication is strong, and should not be taken with alcohol or other pain medications, and may cause drowsiness. Exercise good judgment in its use. You may also try over the counter pain medications such as Aleve (naprosyn) or Advil (Ibuprofen). Take as directed unless there are contraindications. **Take 1 Aspirin (325 mg) daily in addition to the pain medication for one month.**
- 3. SHOWER:** You may shower after 48 hours. Do not take a bath or submerge the knee under water for 7 days. If any drainage is present, do not get the hip wet and please call the office.
- 4. STITCHES:** There are stitches in the skin. After 7-10 days, we will remove the sutures in the office. If any problem is noted with the incision, please call the office (860) 549-8249.
- 5. WORK ACTIVITY:** Most people are able to return to either sedentary or restricted work activity within 1-2 weeks of their operative procedure. Generally, full normal stressful activities and sports are resumed after 3-4 months depending on the extent of your surgical procedure.
- 6. COMFORT:** Pain and swelling after arthroscopy is to be expected. This should subside after 2-4 days. If the following develop and persist after 24 hours, please call the office:
 - a. Fever over 101.5 degrees.
 - b. Swelling below the knee, in the calf, ankle or foot, which does not respond to elevation.
 - c. Increasing pain in the knee or calf.
 - d. Discharge or drainage from the wound, which continues greater than 24 hours.
- 9. FOLLOW-UP:** Please call the office the day after your operation and make an appointment for 7-10 days after your procedure. You will be checked, your procedure discussed and your rehabilitation will be planned.

Hip Arthroscopy Post Operative Instructions

You have had arthroscopic hip surgery today. Your hip joint and labrum were evaluated thoroughly.

I found in your hip:

- Labral tearing Arthritis Synovitis Ligament Damage
 Pincer impingement lesion Cam impingement lesion
-

I was able to:

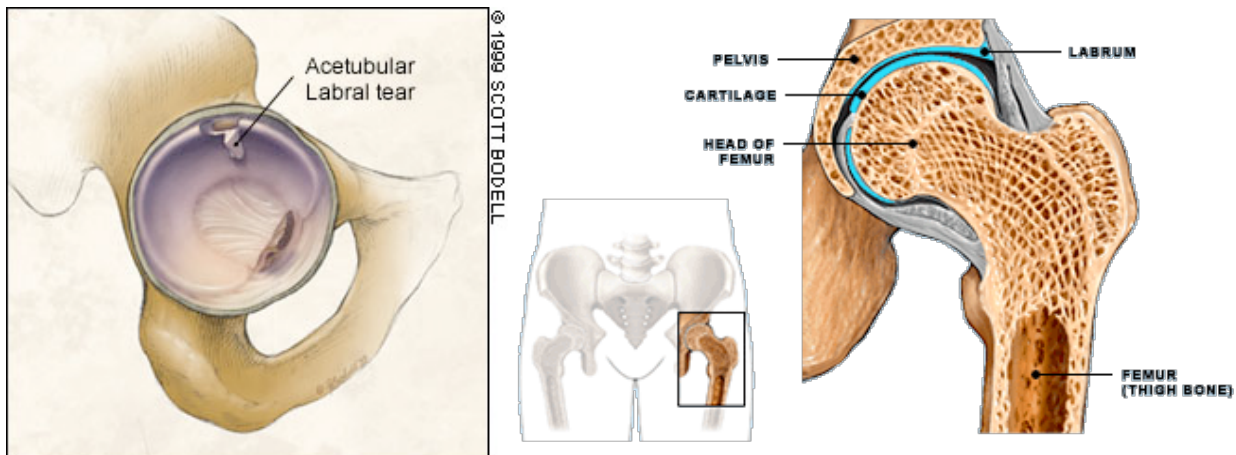
- Shave bone spurs Clean Arthritis Remove Bursitis Debride labrum
 Repair labrum Repair/Shave cartilage damage
-

Until I see you, you should:

- Non weight bearing Partial weight bearing <50% Weight bearing as tolerated
 Stationary bike Post op day
 Start physical therapy (a referral has been given)

You should change your dressing in 2 days. Cover the portals with Band-Aids. We will remove all stitches at your visit. You may shower at 48 hours but do not soak the incisions.

Pain is expected for several weeks. Use your medication for severe pain. Take Aleve or Advil as directed (if not allergic, or no ulcer history). Call if fever greater than 101.5°, or if infection is noted. Call 549-8249 for office visit **7-10** days after surgery. If you want to return to work before your next visit, call the office.



Here are several exercises that are recommended for in-home rehabilitation. These are just suggestions, your Doctor or Physical Therapist may have different suggestions based on the complexity of the procedure(s) performed on your hip.

- **Stationary or Recumbent Bike**

Raise seat one notch higher than normal so you are barely making revolutions

May ride the day of surgery , slowly

Start off with minimal resistance and exercise for 10 to 15 minutes

Second day: ride the bike twice, once in AM and once PM each 10 to 15 min

Gradually build up time and resistance

If you have increased soreness, decrease time and/or resistance

- **Pool**

May begin post-op day 2 (if surgery was on Monday get in pool Wednesday)

Cover wounds (a surgical dressing is prescribed to protect the wounds in water)

Walk in chest deep water for 5 minutes, bringing leg up to 80 degrees with each step

Flutter kicks: 10 to 15 minutes

Bicycle in corner of pool 10 to 15 minutes

- **Isometrics**

All 4 planes

Make a good muscle contraction against resistance but do not actually move leg

Do 3 sets of 10 in all planes, while holding for 5 seconds

- **Assisted Resistance**

Someone can apply resistance to you in each direction:

1. Try to move towards the midline of your body
2. Push down against the bed
3. Push away from the midline of your body.
4. Lift up, like a straight leg raise (this may be sore, if so you may skip)
5. Avoid squats or leg presses

- **Ankle Pumps**

Point toe towards face and then away

Perform 30 every hour for the first few days

- **Weight Bearing Status:**

Non Wt Bearing = 0% of your weight is applied while walking.

Partial Wt Bearing = 10% of your weight is applied while walking

Progress to Full Wt Bearing = Partial Wt Bear while slowly increasing weight

Arthroscopic Hip Surgery Therapist Information

The intent of this protocol is to provide guidelines for progression of rehabilitation. It is by no means intended to serve as a substitute for clinical decision making. Progression through each phase of rehabilitation is based on clinical criteria and time frames as appropriate. Contact the staff at Orthopedic Associates at 860-549-8249 for assistance if there are any questions about the protocol.

Be aware of the common problems that are encountered following hip arthroscopy including hip flexor tendonitis, adductor tendonitis and other soft tissue inflammatory conditions. If you encounter these issues please feel free to assess and treat as you feel appropriate as long as you maintain the precautions and guidelines we have set.

Phase I - Immediate Rehabilitation

Goals:

1. Protect integrity of repaired tissue
2. Restore ROM within restrictions
3. Diminish pain and inflammation
4. Prevent muscular inhibition

Precautions:

1. Do not push through hip pain or pinching
2. Specific ROM restrictions
3. Weight bearing restrictions

Criteria for progression to the next phase:

1. Minimal pain/pinching and swelling
2. ROM > 85% of the uninvolved side
3. Proper muscle firing patterns for initial exercises
4. **Do not progress to phase II until full weight bearing is allowed**

Phase II - Intermediate

Goals:

1. Protect integrity of repaired tissue
2. Restore full ROM
3. Restore normal gait pattern
4. Progressively increase muscle strength

Precautions:

1. No ballistic or forced stretching
2. NEVER use treadmill (To avoid sheer stress is placed on the anterior aspect of the hip when ambulating on the moving tread of the treadmill)
3. Avoid hip flexor, adductor, or piriformis inflammation

Criteria for progression to the next phase:

1. Full range of motion
2. Pain free / normal gait pattern
3. Hip flexion strength > 60% of the uninvolved side
4. Hip add, abd, ext, IR, ER strength > 80% of the uninvolved side

Phase III – Advanced

Goals:

1. Restoration of muscular endurance / strength
2. Restoration of cardiovascular endurance
3. Optimize neuromuscular control

Precautions:

1. Avoid hip flexor, adductor, and piriformis inflammation
2. No ballistic or forced stretching / strengthening
3. NEVER use treadmill
4. No contact activities

Criteria for progression to the next phase:

1. Hip flexion strength > 70%
2. Hip add, abd, ext, IR, ER strength > 90% of the uninvolved side
3. Cardiovascular fitness equal to pre-injury level
4. Demonstrates initial agility drills with proper body mechanics

Phase IV - Sport Specific Training**Criteria for full return to competition:**

1. Full pain free ROM
2. Hip strength >85% of the involved side
3. Ability to perform sport-specific drills at full speed without pain
4. Completion of functional sports test