



Post Hip Arthroscopy Rehabilitation Protocol

Following your operation, you will be seen by a physiotherapist who will give you details of your operation and advise you on home exercises. Before your discharge, you will be taught how to mobilise with elbow crutches safely and manage stairs. You will self-manage at home for the first 2 weeks after your discharge. It is important that you continue on with the exercise programme provided during this time.

Mobility, sitting, walking and weight bearing

Most patients are told to partially weight bear through the operated limb for 6 weeks. Some patients who have only had minor surgery (labral debridement only) will be told they can weight bear without restriction. Your physiotherapist will issue you with crutches. The physiotherapist will advise you on when you can progress to full weight bearing, according to post-operative surgical instructions. Discard the crutches only when you are able to walk full weight bearing without a limp.

Patients who have had cam resection and/or labral reattachment should avoid low sitting position for 6 weeks after surgery.

Using the stairs

Use a bannister wherever possible.

When going upstairs, hold the bannister in one hand and your crutch in the other. Put your non-operated leg up first, then the operated leg onto the same step.

When going downstairs, place your crutch in front of you first followed by your operated leg, then the non-operated leg

Driving

After hip arthroscopy, you can usually drive two weeks after surgery. By this time, your wounds should have healed and stitches will have been removed. You should not drive if you are taking any strong medication e.g. opiate pain killers.

For the first 6 weeks, sitting in a car (whether driving or as a passenger) should be limited to 60 minutes or less at a time and no more than 2 hours in any given 24 hour period.

On occasion, patients are given restrictions and you may be asked not to drive for longer following your operation. If this is the case, the physiotherapist will let you know.

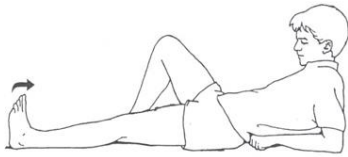
If you have had microfracture, you are advised not to drive for 12 weeks following surgery. You can sit as a passenger in a car as usual, but journey times should be restricted for the first 6 weeks as indicated above.

Week 1 (at home)

Isometric Exercises

The following exercises can be done lying down on your back. Try to do the exercises twice a day. Repeat each exercise 20 times.

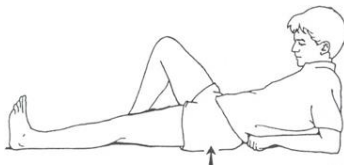
Ankle pumps – Pump your ankles up and down for at least 20 repetitions, twice a day



Quads contractions – push your knees into the bed by tightening your thigh muscle – hold for 5 seconds



Gluteal exercises – tighten your buttock muscles – hold for 5 seconds



Transversus abdominis – Draw belly button in towards spine without moving pelvis/spine – hold while taking 5 breaths



Hip abduction – Lying on your back with hip and knees bent, place a belt around your thighs near your knees and push out against the belt – hold 5 seconds

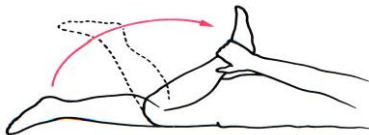
Stretching Exercises

Do these exercises twice per day. Hold each stretch for 20 seconds and repeat 5 times. Fully relax in-between each stretch.

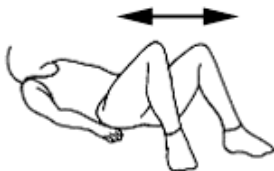
Piriformis stretch – Lie on your back. Move your operated hip up toward your chest (approximately 60°) and across your trunk so you feel a comfortable stretch in the buttock. Avoid getting to far so that it hurts in the groin.



Quadriceps stretch – Lie on your stomach with your hips flat on the bed. Bring your ankle toward buttock, feeling stretch in the front of the thigh. If it is too painful to lie on your front, you can do this stretch in standing with your ankle rested on a chair behind you.



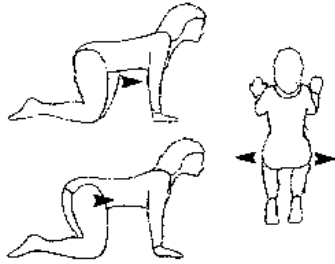
Adductor stretch – Lying with your knees bent, slowly move the knees out to the side so you feel a stretch on the inner thigh area. Do the stretch as comfort allows and feel the stretch on the inside of the thigh.



Week 2 (at home)

You should continue all your week 1 exercises and add in these (3 sets, 20 repetitions, once a day):

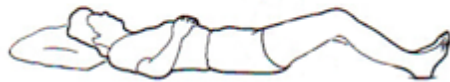
Quadruped rocking – On your hands and knees shift your body weight forward on your arms, and then back onto your legs. Also shift your weight side to side and in diagonal directions.



Standing hip Internal rotation – Place knee of the operated leg on a chair. Rotate the hip by moving your foot outward from the body. Progress this exercise by kneeling on the chair with a theraband around the ankles, moving your feet outwards. This will strengthen the deep rotators of the hip.



Heel slides with strap (progress to no strap) – Lying on your back, place a strap around your foot and pull your heel towards you keeping your heel on the bed. Ensure your tummy muscles are pulled in. Progress by doing this exercise without the use of the strap.

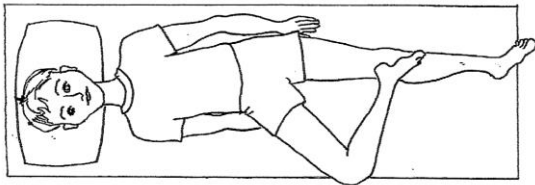


Week 3 – 4 (Outpatient Physiotherapy)

Gait re-education – You will be guided by your physiotherapist

Range of movement exercises and stretches – A continuation of week 1 – 2 exercises is expected, your physiotherapist will progress these as required.

FABER (**F**lexion, **A**bduction, **E**xternal **R**otation) – Lying on your back bring the ankle of the operated leg cross the opposite knee. Gently lower the bent knee. You may need to start with your ankle resting on the shin or inside of the leg. It is normal to feel some hip discomfort underneath the thigh. **Don't push down on the knee.**



Calf, hamstring and iliotibial band – you will be guided by your physiotherapist.

Gym Work

If appropriate your physiotherapist will take you to the gym to commence a low impact regime, such as:

Bike – no resistance but increase time aiming for 30 minutes, twice a day.

Leg press – low weights and repetitions.

Cross trainer – minimal resistance and time as tolerated.

Core Stability

Your physiotherapist will advise you about basic core stability exercises. These should be practised on a daily basis. The physiotherapist will advise on how to progress. A variety of exercises can be used but ones which result in excessive flexion of the hip such as 'crunching' are best avoided. A Swiss ball can also be used.

Hydrotherapy

You can enter the pool at 4 weeks post-op. You can swim straightaway (back stroke and front crawl) if you want though it may be difficult at first. Some hydrotherapy may be required before you can swim a good distance. Breast stroke should not be done until 6 weeks post-op. Swimming 3 times a week for a minimum of 15 minutes each session will significantly help rehabilitation.



WEEK 5 – 6

Continuation of exercise from earlier weeks is required. The following may now be added.

Gym Work

Again your physiotherapist will progress your gym regime within your capabilities. This will include increasing the resistance on the bike – this is a gradual process on the static bike but the time may need to be decreased from 30 minutes to 20 minutes.

Balance Work

This will now be incorporated into your exercise programme to include work on the wobble board and 40 inch trampette.

Home Exercise Program

Depending on areas that need treatment your physiotherapist may add:

- **Lunges**
- **Lateral side steps**
- **Knee bends**
- **Fartlek (jog-walk) programme (simple labral debridement only patients at this stage)**



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WEEK 7 ONWARDS

Week 1 – 2 exercises can now be stopped. You should continue Week 3 - 4 and Week 5 – 6 exercises.

Swimming – is strongly encouraged. Increasing exercise time to 30 minutes each session 3 times a week will increase strength and endurance of the hip muscles. All strokes can be done.

Running – You may now start a running programme to include forwards, backwards and side to side.

However, if you have had a microfracture running is not to be commenced until 12 weeks post-op

Sports Specific Exercise

You can start sports specific exercises from week 7 onwards. You will get advice from your club physiotherapist about these and are designed to be tailored to an individual program for your needs. The only restriction at this stage is for microfracture patients who have to wait until 12 weeks post-op until full weight bearing and running can be started.