



Hip Arthroscopy with Labral Repair

Discharge Instructions-

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first 3-5 days after surgery, as well as following PT sessions
 - Some patients may be provided an ice machine to go home with
 - This is dependent on the type of surgery you had and insurance approval
 - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
 - You may use ice 20 minutes on, 20 minutes off, as often as you wish
 - Always keep a cloth barrier, such as a towel, between the cold and your skin

Medications

Your post op medications were sent to the pharmacy we have on file prior to surgery

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

1. Aspirin 81 mg: For anticoagulation to help prevent blood clots

- If you are >19yo, you must take one 81mg aspirin once a day for two weeks Do not take aspirin if you are <19yo

2. Meloxicam 15 mg: For antiinflammation to help pain and swelling

- Take once a day for four weeks as tolerated for post-op inflammation

3. Zofran (Ondansetron) 4 mg: For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

4. Norco (Hydrocodone/Acetaminophen) 5-325 mg: For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

Other medications: For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed

- Both the anesthesia and the pain medication can cause constipation

Activity

You will start PT within 1 week of surgery

- Partial weightbearing for 2-4 weeks post-op
 - We will progress your crutch use at your post op visit

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- Please restrict activity for the next several days to prevent unnecessary swelling and soreness.
 - When resting, try to keep your knee elevated above the level of your heart.
 - When sitting, we suggest ankle pumps and circles to help lower extremity circulation.
- **lay flat on your stomach to allow the hip to be straight to help progress extension**
 - Do this 1-3x/day or for a total of 1-2 hours a day with breaks in between
- No driving until we clear you. We will discuss this at your next appointment.

Wound Care

The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision

- Your incisions are covered by several absorbent pads, gauze, and foam dressings, it is important to keep these clean and dry
 - Do not remove or get the bandages wet for the first 3 days after surgery—if you need to shower in this time, keep dressings covered with plastic wrap/ bag/ etc. Alternatively, just sponge bath only, avoiding surgical area
- After 3 days, you can take off the dressing to check on the incision. The incisions are covered with steri-strips (small bandages), **leave those on until your first follow up visit and they will be removed at that time**, along with any sutures.
- You can replace the dressings with a light wrap/ Ace wrap/ elastic bandage, otherwise leave the steri-strips open and exposed to air
 - You can shower normally, however we advise covering the steri- strips with a waterproof band aid, if they do get wet or start to peel off- it is ok to remove them and replace with a regular band aid, to continue covering the incision
 - Do not use any topical lotions, ointments, or creams on the incision, try to avoid touching the surgical area
 - The best thing for your incision is keep them covered, and as clean and dry as possible
 - If you have any concerns about the incision (redness, draining, swelling, pain), **you can call us and send us a picture of the incision (630)-377-1188 [Press 2 to leave a voicemail]**

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery to avoid any nausea/ upset stomach

When to call your physician

If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up

- You develop a temperature over 100.3° F degrees
- You have any drainage at the incision site 5 days or later after surgery
- The surgical area becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note- some warmth, pain, and swelling are normal)
- You have persistent pain and / or swelling in your calf.
- You have any additional questions or concerns. We are happy to talk to you at any time!

Important contact information

Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]

Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only

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Physical Therapy protocol

*****You will start PT 1-3 days following surgery*****

Week 0-2

- Weightbearing
 - Toe-touch weightbearing for the first 4 weeks
- Therapeutic exercises
 - Active assist supine heel slides with towel/ belt +/- slider board
 - Therapist assist or active assisted flexion, extension to neutral, IR log/leg rolling
 - Core stability
 - Supine transverse abdominis and pelvic floor setting
 - Cueing specific to lifting pelvic floor and indrawing lower abdominals
 - Hip/glutes/quads
 - Isometric glute squeezes supine or standing
 - Isometric abd/add supine (bent knees)
 - Isometric quads
 - Calves
 - Ankle pumping and toe crunches +/- leg elevation
 - Gastroc/soleus stretches
- Modalities
 - Ice 20 min
 - Interferential current therapy

Week 2-6

- Weightbearing
 - Toe-touch weightbearing for the first 4 weeks
 - Progress weightbearing at weeks 4-6
- ROM
 - 90 degrees flexion and full extension at the end of 6 weeks
- Therapeutic exercises
 - PROM
 - Hip extension/anterior capsule (Thomas), prone heel to glute (quads)
 - IR at 0 degrees (straight leg), 70 degrees (supine bent knee) and prone knee bent IR
 - Adductors
 - Hip circles/circumduction
 - Slider board, can progress to FABER heel slides as tolerated
 - Quadruped rocking for hip flexion if pain free
 - Scar/soft tissue massage around TFL, ITB, gmed, hip flexor/upper quads
 - Stationary bike high seat
 - Core stability
 - Standing and sitting posture with TA and pelvic floor
 - Basic supine TA and pelvic floor



- Inner range bent knee fall outs to full range
- Hip/glute/hamstrings/quads
 - Prone terminal hip/knee extension (pillow/foam roller under anterior ankle)
 - Prone hip extension off edge of bed
 - Clam shells to isometric side lying hip abduction to isotonic hip abduction
 - Supine bridges, double and single and on ball
 - Hip standing extension, abduction, can progress to pulleys or ankle weights
 - Isometric quads, quads over roll +/- muscle stimulation or biofeedback
 - Sit to stand: high plinth, lower as tolerated
 - Squats: wall, mini, progress to deeper squats as able
- Proprioception
 - Weight scales: weight shifting, equal weightbearing, forward/backward and side to side, can progress to single weight shift with core activation and hip/pelvic control
 - Wobble boards with support: side to side, forward/backward
 - Standing on ½ foam roller: balance, rocking forward/backward

Weeks 6-12

- FWBAT
- Therapeutic exercises
 - ROM
 - Quadruped rocking with IR/ER bias
 - Stool rotations IR/ER (stand with hip extended—one knee bent with shin on stool, rotate hip in/out)
 - Distraction: manual/belt assist in restricted ROM (only indicated if loss of motion in particular range)
 - Stationary bike to elliptical forward with TA/pelvic floor setting to backward
 - Treadmill walking forward to backward (for hip extension)
 - Core stability
 - Progression of TA and pelvic floor and functional activation with exercise
 - Heel marches to march with active hip flexion
 - Heel slides to heel slides with hip flexion (assisted with belt under femur to active)
 - Single leg heel taps as tolerated
 - Walking and WB postures with TA and pelvic floor
 - Glutes/hamstrings/quads
 - Hip strengthening with increased weights/tubing resistance
 - Quadruped—alternate arm and leg
 - Shuttle work on strength and endurance, 2 to 1 leg with increased resistance
 - Shuttle side lying leg press (top leg)
 - Sit to stand: high seat, low seat, 2 legs
 - Single leg stance (affected side), hip abduction/extension (unaffected side)
 - Single leg stance with hip hike
 - Sahrman single leg wall glute med
 - Tubing kickbacks/mule kicks
 - Side stepping with theraband
 - Profitter: abduction, extension side to side
 - Forward and lateral step ups 4-6-8"
 - Lunge: static ¼ - ½ range to full range



- Proprioception
 - 2 legs to 1 leg
 - Wobble boards: without support, side to side, forward/backward
 - Standing on ½ foam roller: balance to rocking forward/backward
 - Single leg stance: 5 to 30 to 60 seconds (when full WB without trendelenberg or pelvic rotation)

Weeks 12+

- Lower chain concentric/eccentric strengthening of quads and hamstrings, functional mvmt patterns, progress proprioception, continue flexibility exercises
- Therapeutic exercises
 - Core stability, glutes/hamstrings/quads
 - Advanced core: side plank, prone plant
 - Hip strengthening with increased weights and tubing resistance
 - Hip IR/ER with pulleys to theraband in flex, neutral and extended positions
 - Hamstring curls, eccentrics, deadlifts from 2 to 1 leg
 - Progress resistance of Shuttle working on strength and endurance, from 2 to 1 leg
 - Shuttle standing kickbacks (hip/knee extension)
 - Lunge walking, forwards/backwards, handw eights
 - Sit to stand high seat, low seat, single leg
 - Single leg: wall squat to mini squat to dead lift
 - Sahrman single leg wall glute med with single leg mini squad (both sides)
 - Side shuttling/hopping with theraband (thighs/ankles)
 - Eccentric lateral step down on 2-4-6" step with control
 - Hopping: 2-1 leg (if required)
 - Activities challenging all planes of motion: 2-1 leg
 - Proprioception
 - Wobble boards: vision, vision removed, 2 legs, single leg: side to side, forward, backward
 - Single leg stance: 5 to 30 to 60 seconds on unstable surfaces
 - Single leg stance performing higher and upper body skills specific to pt goals
 - Cardiovascular fitness
 - Stationary bike, elliptical, can progress to Stairmaster with TA/pelvic floor setting and adequate pelvic/hip control
 - Treadmill: walk, side stepping, interval jog