GENESIS ORTHOPEDICS & SPORTS MEDICINE

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Hip Arthroscopy

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication wearing off. 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 three days.
  - You may use it 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.
- **Medication**
  - For **anticoagulation** – you MUST take one 81mg aspirin daily for two weeks first to help prevent blood clots. This is the only mandatory medication.
  - For **nausea** – Zofran (ondansetron) as needed.
  - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
  - For **pain** - A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible.

Activity

- Partial weightbearing for 2 weeks post-op
  - Brace at all times
- 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.
- No driving until further notice. We will discuss this at your next appointment.
- Physical therapy should start as soon as possible after surgery

Wound Care

- Your incisions are covered by a sterile dressing. Please leave this in place for at least 3-5 days post op.
- Do not get the bandages wet the first 3-5 days after surgery—this means covering the incisions when you shower, sponge bath, etc.
- After 3-5 days, you can take off the bandages to check on the incision. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to info@genesisortho.com
- Even after you take off the bandages at 3-5 days post-op, you must continue to use the brace at all times.

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. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You notice drainage on the cotton bandage or ACE wrap.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The knee becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Physical Therapy Protocol

Week 0-2

- Weightbearing
  - Toe-touch weightbearing for the first 4 weeks
  - Brace at all times for the first 2 weeks
- Therapeutic exercises
  - Active assist supine heel slides with towe/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 pumpingn 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
  - Wean from brace
  - 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

<u>Weeks 6-12</u>

- 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: stsatic 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