



Post Hip Arthroscopy Physiotherapy Guide

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INTRODUCTION

This guide has been created by Mr Stephen Kirk (Hip Specialist Physiotherapist) & Mr Jon Conroy (Consultant Hip Surgeon) as a guide to rehabilitation post hip arthroscopy with FAI surgery and/or labral repair. As outlined in the document, decisions on patient's progression with exercises must be done on an individual clinically reasoned basis depending on the patient's presentation. We would recommend the following processes are adhered to when starting the rehabilitation process.

Surgeon / Patient

1. The patient will have a discussion with Mr Conroy regarding the expected length of time and possible outcome of rehabilitation post-surgery. Factors such as their expectations in returning to sport and work should be discussed before surgery. This will occur during the initial consultation.
2. This physiotherapy guide is available to download by the patient on the website www.yorkshirehiparthroscopy.co.uk. Adjuncts to the patients recovery can be found on the website and are encouraged but the patient will be responsible for any additional cost of these therapies.

Physiotherapy

1. Operation notes reviewed and discussed with patient (this needs to be done on patients 1st physiotherapy session). Copies should be forwarded with the patient on discharge otherwise can be requested from Mr Conroy's PA (Sarah Birtwistle 01423 554407).

HIP ARTHROSCOPY GUIDE – LABRAL REPAIR

This guide is divided into different phases of rehabilitation. These phases are:

Early phase – day 1 post op to 2/52

Intermediate Phase (early) – 2/52 to 6/52

Intermediate Phase (late) – 6/52 to 12/52

Late phase – 12/52 onwards

These phases are to be used as a guide only. Progression onto different exercises and phases of rehabilitation must be based on clinical findings and presentations.

General Considerations to Hip Arthroscopy Rehabilitation

- Consideration must always be given to the operation notes when starting rehabilitation. Consult with these carefully and consider what exactly has been done during the operation. Check surgeons specific post operation instructions
- Consideration must be given to the patient's presentation pre operatively. Patients with more complex histories will have more engrained compensations in place which will therefore take longer to rehabilitate and correct
- Little evidence exists in the current literature to support rehabilitative procedures performed after arthroscopy of the acetabular labrum (Garrison et al 2007)
- Tissue healing physiology must always be considered
- All stretches should be done cautiously and patients should provide feedback about the pain response.
- Never use a treadmill or rowing machine post hip arthroscopy. These can cause damage to the hip joint post operatively
- The rehabilitation process can be very slow. Patients may not progress in line with this protocol. Patients may not feel the full benefit of the operation for 1 year post operatively.
- Hydrotherapy can be used as at any stage during the rehabilitation process but should only be used in conjunction with dry land treatment.

EARLY PHASE REHABILITATION – WEEKS 0-2

Aims of Rehabilitation

1. Decrease pain and inflammation
2. Protect surgically repaired tissue
3. Regain ROM

Exercises

- Ankle pumps/circles – regularly daily
- Static Gluts – 3x10 daily
- Static Quads – 3/10 daily
- Small squats – 3x10 daily
- Posterior pelvic tilts – 3x10 daily
- Small bridges – 3x10 daily
- Gentle heel slides into flexion – 3x10 daily. NO Pain, gently.
- Isometric hip extension against ball or wall. 3x10 daily
- Hip flexor stretch – gently, DO NOT FORCE IT. 30 sec holds x3 x3 daily
- Prone lying – lie prone for 10 minutes to get stretch of anterior capsule. Do this 4x daily. Times can be modified as tolerated. Do less time if uncomfortable but do it for up to 20 minutes if this is comfortable.

Physiotherapy

In addition to prescribing and correcting these exercises consider mobilising the hip joint using Graded Mobilisations. Do P-A mobs to increase hip extension and stretch out the anterior capsule and hip flexors. Consider doing this x2 sessions a week to regain hip extension.

THESE EXERCISES ARE JUST A GUIDE. PROGRESSION OF EXERCISES SHOULD BE DONE ON AN INDIVIDUAL, CLINICALLY REASONED BASIS.

DO

- Gentle ROM exercises, no pain
- Use crutches to facilitate a normal gait pattern and continue to use these until has a normal reciprocal gait pattern. Gradually wean off these but use whenever you feel you need to.
- Regain hip extension at least to neutral
- Use ice around the anterior and lateral part of the hip joint to help reduce pain and inflammation in the soft tissues (Apply to the hip but not in direct contact with the skin. Use for 10 minutes, remove for 1 hour and then reapply. Can do this several times daily)
- Elevate and rest the leg everyday to promote healing. Do this for 1-2 hours x2 daily.

DO NOT

- Do straight leg raise exercises
- Exceed 90 degrees hip flexion for the 1st 2 weeks
- Force any movement into pain

INTERMEDIATE PHASE (EARLY) – WEEKS 2-6

Aims of Rehabilitation

- Gradually increase pain free ROM
- Increase gluteal strength
- Increase abdominal strength and control

Exercises

- Static Gluts – 3x10 daily
- Static Quads – 3x10 daily
- Gentle hip flexion ROM exercises. Gently proceed past 90 degrees
- Continue with lying prone daily
- Small squats – add in weights and holds. Increase repetitions to 3x20 daily
- Posterior pelvic tilts – increase repetitions to 3x20 daily. Add in holds
- Bridging – increase repetitions to 3x20 daily. Add in holds and use of resistance band
- Exercise ball sitting – 2x10 minutes daily
- 4 point kneeling with alternate arm lifts – 2x20 daily
- Hip flexor stretches – 3x 30 second stretches x2 daily
- Cross trainer with no or minimal resistance. Consider doing this backwards to increase gluteal function.

Physiotherapy

- Check and progress all exercises and progress as appropriate
- Check passive hip extension and mobilise the hip as appropriate. Use Grade 3 PA mobilisations and consider doing this x2 weekly until the patient maintains ROM

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DO

- Continue to work on ROM
- Work on strengthening exercises to fatigue. Check technique as patient will make compensations
- Gradually wean from crutches. Only do this if it is clinically appropriate to do so. Start with short periods off them but ensure patient has a good gait pattern with no compensations.
The patient will fatigue quickly.
- Consider assessment with Senior colleague if patient not progressing as expected

DO NOT

- Push ROM if painful
- Progress exercises too quickly
- Progress gait to unaided if not appropriate

INTERMEDIATE PHASE(LATE) – WEEKS 6-12

Aims of Rehabilitation

- Progress gluteal and core strength
- Phased return to work and functional activities

Exercises

- Stationary bike – increase time and resistance
- X Trainer
- Double leg squats – increase weight and repetitions 3x10 daily
- Single leg squats 3x10 daily. Check pelvic control and alignment
- Lunges – 3x10 daily. Check control and alignment. Work in small range to start with
- Bridging – 3x10 daily. Add in longer holds, repetitions and theraband as appropriate
- Sideways walking – maintain lumbar neutral. Repeat until fatigue
- Step ups – 3x10 daily. Slow, controlled, painfree.
- Exercise ball exercises – increase time and upper body dissociation
- Hip flexor stretches – 3x30 seconds x3 daily as appropriate

Physiotherapy

- Continue to reassess and progress patients exercises as appropriate
- Only progress exercises if patient has a good technique and its necessary to progress them.
- Continue to mobilise the hip joint until the patient can maintain their normal hip active hip extension. Gradually increase the time in between appointments as patient becomes able to maintain own ROM.

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DO

- Continue to work on low level gluteal and abdominal strengthening exercises
- Gradually re commence ADL's at much lower level
- Consider assessment with Senior colleague if patient not progressing as expected

DO NOT

- Progress exercises too quickly
- Push into painful ROM
- Use a Treadmill or rowing machine EVER in the patients gym program

LATE STAGE – WEEKS 12+

Aims of Rehabilitation

- Continue to improve core and gluteal strength
- Phased return to sports and functional activities

Exercises

- Continue with all stability exercises for gluts and abdominals. Progress these until fatigue
- Light jogging. NEVER on a treadmill. Short distances and slow speed. Gradually increase intensity as appropriate
- Early plyometric exercises – different directions. EG. Step ups, star jumps, sideways steps, zig zag running, ladders, hurdles

Physiotherapy

- Only progress onto this stage of rehabilitation when appropriate to do so
- Progress exercises very gradually
- Continue to check dynamic control

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REFERENCES

- Garrison J, Osler M, Singleton S. (2007) Rehabilitation after Arthroscopy of an Acetabular Labral Tear. *North American Journal of Sports Physical Therapy*. 2;4: 241-250.
- Edelstein J, Ranawat A, Enseki K, Yun R, Draovitch P. (2012) Post-Operative Guidelines following Hip Arthroscopy. *Current Reviews Musculoskeletal Medicine*. 5: 15-23
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