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## Post-Operative Guidelines for Hip Arthroscopy

### Stage I

#### The Protected Weight Bearing Stage (one to four weeks)

- The patient should be 20% or 50lbs flat foot weight bearing at this time for 2- 4 weeks- progress as tolerated to normal gait training/stair training utilizing axillary crutches then wean (6 weeks if microfracture)
- Reduce Swelling, pain, Utilize Cryotherapy (Vascutherm/Game Ready). Sutures out by two weeks
- Focus should be on maintaining strength while the patient is restricted weight bearing
- Possible hip flexor tendonitis may occur at this stage avoid hip flexor inflammation (exercises to remain below 90 degrees)
- Exercises include:
  - Day of surgery begin isometric quadriceps, gluts, hamstring, hip adductor and hip abductor muscle strengthening sets, every day
  - Hip supine Passive and AROM internal rotation/external rotation – Passive Circumduction exercises
  - Prone hip internal rotation/external rotation isometrics
  - Stretching quads, hamstrings, hip flexor, ITB (be careful with hip flexor)
  - AAROM hip internal/external rotation Butterflies
  - Stool hip internal and external rotation AROM
  - Core stabilization pelvic tilts, hamstring walkouts
  - Upper body circuit training or upper body ergometry (UBE)

**\*SLR flexion should be limited to prevent hip tendonitis (10 reps max) after 6 weeks. Closed chain hip flexion is preferred\*\*\*\*NO active hip flexion strengthening for 8 weeks if iliospoas (hip flexor) lengthening performed**

- Regain ROM into hip flexion and extension utilizing joint mobilizations stretching both the anterior and posterior joint capsule (do not push past pain intolerance)
- Initiate bike no resistance POD #1 (no longer than 10 minutes) Upright Bike preferred
- Scar mobs

**NOTE: Passive range of motion should consist of the following throughout Stages I-II. Two times a day for 6-8 weeks.**

- Hip circumduction clock-wise and counter clock-wise with the knee straight and hip abducted 20 degrees (3 sets of 5 min)
- Hip circumduction clock-wise and counter clock-wise with the knee bent 70 degrees
- Hip flexion to 90 degrees (3 sets of 5 min) do not force

- Hip internal and external rotation prone (20 reps)

- Hip internal rotation log roll (20 reps)
- Hip abduction without pinching passive(20 reps)
- \*Protect Anterior capsule 3 weeks no Extension, ER past 30 degrees

### Rehabilitation Goals:

- Focus on maintaining strength with the patient is restricted weight bearing, regain ROM, decrease pain and inflammation.
- Progression Criteria to stage II:
  - Minimal pain/pinching
  - ROM > 85%
  - Full weight bearing allowed **by MD** with Normal gait without assistive device on level indoor surfaces with full weight bearing and minimal to no pain
  - Proper muscle firing patterns during initial exercises

### Stage II

#### Intermediate exercises (four to six weeks)

- The patient may regain full weight bearing independently as tolerated, Weight shifting – progressing to balance exercises with double limb support balance activities to improve proprioception and weight acceptance
- Joint mobilizations should continue ideally range of motion in the involved hip should be at least 85% of the uninvolved side for all motions, ER typically last to come, avoid excessive IR with hip flexion
- Stretching program- hip flexor, ITB, Adductors, HS – standing hip flexor, cobra stretch, off the table
- Exercises are aimed at restoring and maintaining movement, promoting normal gait patterns, strengthening the muscles and improving balance reactions
  - Initiate elliptical no inclines, minimal resistance (if available) (\*bike overuse tightens up the anterior capsule)
  - Leg Press, no loaded hip flexion past 90 degrees
  - Hamstring curls
  - Resisted hip abduction (isometrics, NO clamshells, flexion(eccentric progression), extension with multi-hip/steamboats – 3 levels (after 8 weeks for hip flexor tendon lengthening)
  - Mini Squats
  - Resisted hip internal and external rotation with resisted side stepping
  - Bridges, step up and step downs
  - Start strengthening short external rotators with isometric and short arc movements
  - Core stabilization planks, dead bug (after 8 weeks if hip tendon lengthening), crunches and obliques Single leg stance to restore proprioception
  - Upper body circuit training or upper body ergometry (UBE)

\*Similar to shoulder- stretch the front, (hip flexor, rectus, adductors), strengthen the back (glutes) no clamshells

### **Rehabilitation Goals:**

- Regain ROM to 100% of the uninvolved hip, independent ambulation all surfaces, progress strength as tolerated Good control and no pain with functional movements, including step up/down, squat, partial lunge

### Criteria for advancement to stage III:

- Full ROM
- Pain free normal gait pattern

### **Stage III**

#### **Advanced Exercises (six to twelve weeks)**

- Restore full ROM
- Restore normal pattern free gait pattern all surfaces
- Muscle strength should be restored to greater than 70%-80% of the uninvolved side
- Restore muscular strength and cardiovascular endurance and improve balance reactions
- Exercises should include:
  - Proprioception drills: cone, side shuffle and karaoke
  - Progress strengthening entire lower extremity
- Non-impact endurance training; stationary bike, Nordic track, swimming, deep water run, cross trainer
- Watch for hip flexor tendonitis especially when returning patient to running, no running prior to 3 months
- Hip Flexor progression considerations:
  - Slow progression of eccentric hip flexor lowering at 8-10 weeks, slow being one set of 10
  - Then progression beyond if no residual soreness 2 of 10, 3 of 10
  - Then incremental resistance, similar to progressive RTC cuff strengthening after massive tear  
DO NOT FORCE

### **Rehabilitation Goals:**

- Restore muscular and cardiovascular endurance and improve balance reactions

## Stage IV

### Sports Specific Training (12-16+ weeks)

- Not all patients require rehabilitation at this level: for athletes involved in competitive sport
- Exercises should be aimed at continued strengthening and more sports specific exercise
- Training regimes should be developed in conjunction with personal trainer
- Multi-planar strength progression, including forward, lateral and diagonal lunges
- Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot then progress from single plane drills to multi- plane drills
- Dynamic control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities
- May use agility ladder
- \*Progress to running program once patient is able to demonstrate good single leg landing control in a repetitive fashion without pain
- Begin sport specific drills once patient demonstrates good control with the impact control and multi-plane exercises and can tolerate running program without pain
- Sport/work specific balance and proprioceptive drills
- Hip and core strengthening
- Stretching for patient specific muscle imbalances
- \*\*\*For young lax females ACL prevention program may be beneficial prior to Return to sport
- Return to sport protocols
- Dynamic neuromuscular control with multi-plane activities, without pain or swelling

**Special Considerations:**

**Hip Flexor (Iliospas) Lengthening** – no active hip flexion for 8 weeks, then slow incremental eccentric hip lowering progression, will cause tendinitis if not followed. 90% return of strength by 6 months, **ABDUCTORS** -NO CLAMSHELLS – especially in ITB syndrome, G.medius tendinitis

**Micro fracture patients** - will be Toe Touch weight bearing for 6 weeks increased time in Stage I would be required. Joint mobs are okay. CPM will be used at home.

**AVN/Core decompression patients** - will be TTWB for 6 weeks, No Nsaids

**Lax patients** - avoid post-operative laxity avoiding joint mobilizations. If capsular repair, limit extension and ER 4 weeks. , may be in brace

**No running prior to 3 months post operatively**

**Labral debridement patients** - may have less weight bearing restrictions and can progress faster to Stage II

**Abductor Repair** - No active abduction x 6 weeks, Partial weight bearing with crutches x 4 to 6 weeks, brace may be ordered

**ITB lengthening and bursectomy** – For Greater Trochanteric pain syndrome – ITB stretching exercise, progressive light abduction strengthening, aggressive approach will cause flare ups. **NO CLAMSHELLS**

**Driving – Right Hip surgery** – 4-6 weeks post op when off crutches, good leg control, and practice in open parking lot. No narcotics when driving. If hip flexor lengthening after 8 weeks with same parameters, released by MD

**Patient should be unrestricted at six months. Full recovery at one year.**

**Post Operative Medications:**

- a. Enteric coated Aspirin 325 by mouth twice a day starting the day after surgery for 30 days for DVT prevention
- b. Indocin SR 75 mg once daily for the first 4 days
- c. Naprosyn EC 500 mg twice daily day 5-35
- d. Prilosec 20 mg once daily while on Indocin/Naprosyn
- e. Take the following prescribed medication as directed: Narcotic pain meds

To minimize stomach upset, take with food. Remember narcotics may cause constipation, a laxative may be needed and drink plenty of water/Gatorade. NO driving while on narcotics.

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