Protocol for the Management of Hip Arthroscopy Surgery

Overall Aims of Surgery

- To decrease pain
- To increase range of motion (ROM)
- To increase hip/pelvis and lumbar stability
- To enable return to activities of daily living and sport

Initial Post-operative Objectives

- Provide post-operative instructions and advice including rehab exercises
- Control pain and inflammation with medication recommended
- Protect integrity of the wounds
- Comfortable hip ROM within pain limits
- Partial 50% weight-bearing with use of crutches (time frame based on operative findings)
- Discuss/arrange outpatient physiotherapy for approximately 1 week post op
- Hydrotherapy is recommended if and where available for up to 6 weeks post op

Full Rehabilitation up to 3-6 months

- Reduce pain
- Progress hip ROM
- Progress hip, pelvis and lumbar stability
- Progress full weight-bearing and introduce impact activities
- Optimise function in activities of daily living and sport

Please note that the protocol and phased programme information is a guideline for patients and their therapist. Principles of clinical reasoning and evidence-based practice must be applied to the individual patient. Progression through the phased program is dependent on symptoms and related hip movement and function, it is however perfectly normal to drop down a phase if necessary.

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PHASE 1 – Inpatient Stay and whilst PWB **Teach PWB – 50%** **Standard Rehab – 1 week PWB then FWB thereafter (as pain/comfort allows)** **Protective Rehab – 4 Weeks PWB then FWB thereafter (Micro# and significant labral tear/repair)**		
Goals	**Treatment**	**Milestones**
Minimise Pain and swelling	Use of ice, rest, elevation, pain relief and crutches	Minimal or no swelling/bruising Full or nearing FROM within any restrictions Confident and competent with all exercises Symmetrical gait pattern ready to progress off crutches
Encourage normal movement within pain limits and ROM restrictions if indicated (All labral repairs 0-90° flexion and no forced extension for 4/52)	Pain relief SQ, IRQ, leg press with Thera band, bridging, abduction, extension and circumduction in standing	
Improve Glut and Quad control as a priority	Clam level 1, mini squats and calf raises with support Exercise bike - low resistance	
Maintain and Increase Core exercises	Trans abs, pelvic tilts and bridging, Hip Twist level 1	
Restoration of normal gait pattern within WB restrictions	Gait re-education with crutches – 50% WB as pain allows. Ensure WB restrictions are adhered to! Alter G – gait patterning, squats, heel raises, hip abduction/extension adhering to WB restriction Hydrotherapy recommended where available for up to 6/52 post op.	

- Consider pre-hab to include core, postural correction and identify any lumbar spine issues. Discuss/teach post op regime and exercises.
- Provide exercise sheet to start patient off for week 1 until first outpatient physiotherapy appointment.
- First outpatient appointment ideally at 1/52 post op and for 45 min session.

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PHASE 2 – Following achievement of Phase 1 goals and now FWB		
Goals	**Treatment**	**Milestones**
Continue to minimise pain and swelling	Ice, pain relief, rest as required Continue with hydrotherapy where applicable and available (up to 6/52 post op)	No swelling/bruising Minimal pain relief requirements
Restoration of FWB normal gait pattern	Ensure FWB with normal pattern - gait re-education and pain guided Alter G - gait re-education	Normal gait and stair pattern achieved without crutches
Regain FROM	Increase ROM in all directions including flexion especially if having been on a restricted protocol – ROM stretches	FROM Good core control
Improve glut and quad control plus general lower limb strength	Progress exercises – add wall slides with gym ball, squats, lunges, step rehab, hip extension/abduction, VMO, glut work	Good proprioceptive single leg work N.B. If at 6/52, the patient is still sore, e-mail Professor Fehily prior to the consultant clinic appointment for consideration of an injection to further settle symptoms. maxfehily@manchesterhipclinic.com
Continue to improve core control and postural correction as necessary	Progress Hip Twist, Clam and add other Pilates exercises as required	
Introduce cardio vascular exercise	Exercise bike, treadmill – walking and inclines, no limp, cross trainer and rower – low resistance and avoid deep flexion	
Proprioception control	Wobble board, single leg work - non impact with control, trampette - high knee stepping, balance work, squats Alter G – squats, heel raises, hip flexion, hip abduction, hip extension, single leg work Pain guided	

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PHASE 3 – Upon achievement of Phase 2 with normal FWB gait		
Goals	**Treatment**	**Milestones**
Control activity - pain and swelling to guide	Analgesia if required post activity Modification of activity if necessary	Minimal pain following increased activity No swelling Maintain FROM No functional restrictions Good single leg work – proprioceptive and strength Normal work routine N.B. If micro#, jogging can commence from 8/52 onwards
Regain/Maintain FROM	Stretches as necessary	
Improve lower limb strength and core stability	Continue to develop core exercises, Pilates, yoga - patient specific Introduce gentle plyometric work	
Increase aerobic capacity	Treadmill – Jogging at mild to moderate speed, cross trainer, rower	
Improve proprioception	Good biomechanical alignment for lower exercises Introduce gentle plyometric work	
Regain all normal every day activities including work requirements	Work specific activity based exercise, non-impact – patient specific	

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Phase 4 – Upon achievement of Phase 3 (Sport specific related activity)		
Goals	**Treatment**	**Milestones**
No pain and maintain FROM	Continue with stretches	Single leg press Single leg stance eyes shut aiming for R=L Straight line running – pain free and at comfortable distance
Continue to increase strength and endurance	Increasing load of strengthening exercises	
Continue to improve proprioception	Increasing dynamic proprioception – jumps, hops, lunges all with controlled landing, advanced Pilates/Yoga	
Progress bilateral to unilateral work with control – introduce impact element if beyond 8/52 and under physiotherapist guidance		
Normal straight line running pattern without pain	Progress from jogging to running	
Gradual return to sport of choice	Multi-directional tasks Sport specific tasks under guidance of physiotherapist	

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Return to Function Guidelines

Standard rehab

- Full weight bearing encouraged after 1 week, gradual weaning off crutches by week 2/3
- Return to driving approximately at 2 weeks when comfortable and able to do an emergency stop (Indications:- full weight-bearing without crutches and not taking any opioid medication)
- Return to work:- sedentary job 3-6 weeks, manual/on feet job 6 weeks +
- Return to jogging/running: 6 weeks +
- Return to sport: 3-6 months

Protective rehab (micro-fracture and/or significant labral tear repair)

- Full weight-bearing encouraged after 4 weeks, gradual weaning of crutches by week 5/6
- Return to driving approximately at 4-6 weeks when comfortable and able to do an emergency stop (Indications:- full weight-bearing without crutches and not taking any opioid medication)
- Return to work:- sedentary job 4-8 weeks, manual/on feet job 6-12 weeks
- Return to jogging/running: 8 -12 weeks+
- Return to sport: 3-6 months

Please note that functional guidelines are dependent on symptoms and related hip movement and stability. Issues regarding driving/return to work and sport must be discussed between the patient, therapist and consultant.