

PHASE 4: RETURN TO SPORT / FULL FUNCTION (WEEKS 12+)

Goals

- Return to pre-surgery fitness levels
- Return to sport / full function
- Independent maintenance program

Precautions

- Ensure lateral hip and lumbopelvic stability is adequate before progressing activity

Treatment Options

- Continue previous exercises /drills with progressions as required
- Implement return to sport plan eg. modified training, full training, games
- Sport performance training including power and plyometrics

Possible complications during rehabilitation

- Tendinopathy eg. iliopsoas, rectus femoris, TFL, gluteal (inc. trochanteric bursitis)
 - Monitor for early symptoms
 - Activity/exercise modification as required to work within patient's ability
- Back or knee pain
 - Monitor for early symptoms
 - Activity/exercise modification as required to work within patient's ability
- Lack of expected ROM progression after 6 weeks
 - Muscular end-feel and positive muscle length tests: Continue stretching and soft tissue release techniques
 - Firm/capsular end-feel: Hip accessory mobilisation and distraction techniques
- Stress fracture due to osteoplasty
 - Monitor for early symptoms
 - Avoid progressing impact activities too quickly

DRIVING & RETURN TO WORK

You can drive a car as soon as you can do an emergency stop without discomfort - usually within a few days. You should try this in the car with the ignition off before driving.

If your job is seated at a desk you can usually go back to work after two weeks. People with more physical jobs may need 6 weeks off before returning.

OTHER RISKS AND COMPLICATIONS

Hip arthroscopy is a low risk procedure. Serious complications are rare and almost all resolve on their own with time.

Blood clots can occur after any type of surgery, usually in the calf veins. The risk of this is higher after bigger operations like joint replacement but it may occur with the most minor of procedures, or even without any surgery at all. If you have any calf pain, chest pain or shortness of breath you should seek medical advice.

Damage to nerve or blood vessels: The most common of these in hip arthroscopy is temporary discomfort, bruising or numbness around the groin. This is related to the traction needed during the procedure and occurs in 2-8% of cases. Often it recovers within a few days but sometimes it can take longer to resolve.

Heterotopic ossification (formation of abnormal bone within the muscles around the hip) is a rare complication and a course of anti-inflammatory tablets helps to prevent this.

Infections can occur in the skin at the portal sites. If you have discharge more than 48 hours after the procedure, especially if accompanied by redness or pain at the portal site, you should seek medical advice.

References:

- Enselki, K. R. (2010). Rehabilitation After Arthroscopic Decompression for Femoroacetabular Impingement. *Clinical Sports Medicine*, 29, 247-255.
- Salzer, S., Wahoff, M., & Scanlan, M. (2006). Rehabilitation following Hip Arthroscopy. *Clinics in Sports Medicine*, 25, 337-357.
- Wahoff, M. & Ryan, M. (2011). Rehabilitation After Hip Femoroacetabular Impingement Arthroscopy. *Clinical Sports Medicine*, 30, 463-482.

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HIP ARTHROSCOPY REHABILITATION INFORMATION FOR PATIENTS & THERAPISTS

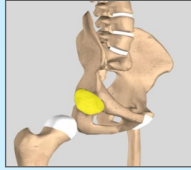


OVERVIEW

- WBAT tolerated unless otherwise advised.
- Oral anti-inflammatories prescribed for 4 weeks post surgery unless contraindicated.
- Standard Orthopaedic review at 6 weeks and 3 months post surgery.
- Timeframes for rehabilitation phases are a guide only and should be adapted to each individual patient's progress, with preference to err on the side of caution.
- Treatment option listed are ideas only and should be adapted to each individual depending on age, function, sport, occupation and rehab goals.

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PHASE 1: PROTECTION AND MOBILITY (WEEKS 0 – 2)



Goals

- Protect bony healing and soft tissues
- Reduce pain and inflammation
- Reduce risk of scar tissue adhesions
- Prevent muscular inhibition
- Restore range of motion within restrictions

Precautions

- Avoid exercising into pain
- Avoid low sitting ie. beyond 90° hip flexion
- No hip extension past neutral (2-3/52)
- No forced hip ROM in any direction

Treatment Options

- Appropriate gait aid prescription
- Active ROM exercises eg. Supine hip flexion, abduction, hip rotation in crook lying with feet apart, circumduction in standing (within precautions)
- Regular prone lying
- Isometrics eg. quadriceps, gluteals, hip rotators and transversus abdominus
- Ice and compression garments
- Soft tissue massage eg. TFL, gluteus med, ITB, adductors, iliopsoas, lumbar spine
- Cardiovascular (from 1/52): Upper body ergometry, stationary bike no resistance (high seat), swimming with pull buoy - waterproof dressing insitu

PHASE 2: CONTROLLED STABILITY (WEEKS 2 – 6)

Goals

- Normalise gait pattern / wean gait aid
- Regain full ROM all directions
- Increase neuromuscular control, balance and proprioception
- Initiate functional exercise program

Precautions

- Avoid exercising into pain
- Avoid treadmill use (altered kinematics may overload hip flexors and lead to anterior joint irritation)
- Avoid side lie hip abduction due to increased acetabular forces
- Monitor for overactive TFL
- Avoid ballistic or aggressive stretching & ROM exercises

Treatment Options

- Dry needling (from 2/52, not over incision site)
- Gait retraining with focus on adequate lateral hip and lumbopelvic stability
- Hydrotherapy eg. Walking program, hip ROM and control exercises as listed below
- Active and passive hip ROM exercises eg. Standing hip flexion, abduction (with IR bias), extension, hip rotations with knee on wheelie stool or in 4 point kneel, FABER slides
- Neuromuscular control, balance and proprioceptive exercises eg. Weightshifting, bridges, sit to stand, squats, step ups, forward and side lunges, wobble board, duradisc, single leg balance
- Lumbopelvic stabilisation exercises eg. Supine heel slides, 4 point kneel extremity extension, marching, Pilates
- Cardiovascular: Stationary bike no or low resistance (high seat), swimming with pull buoy, graduated walking program.

PHASE 3: STRENGTHENING (WEEKS 6 – 12)

Goals

- Regain muscle strength and endurance
- Improve dynamic stability and agility
- Start basic sport specific activities
- Restore cardiovascular fitness

Precautions

- Avoid exercising into pain
- Ensure lateral hip and lumbopelvic stability is adequate before progressing activities
- Avoid treadmill walking, contact and high velocity activities
- Ensure adequate rests

Treatment Options

- Continue previous exercises with progressions as required
- Emphasis on patient specific functional strengthening eg. Progressing to single leg squats and bridges, single leg sit to stand, step downs, leg press
- Walking program with gradual jogging progressions, ideally pool first then land.
- Basic sport specific activity progressions (controlled drills) eg. Star excursion, controlled jumping/bounding/hopping in differing planes, progressive agility drills, throwing, shooting/dribbling basketball, football handballing and short distance kicking, swinging racket
- Cardiovascular: Swimming without pull buoy, elliptical and stepper machines, increasing resistance on bike, graduated walking/jogging program as listed above.