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POST-OPERATIVE GUIDELINES FOLLOWING A HIP ARTHROSCOPY

Please Note!
This protocol is designed as a guideline only, each patient is unique and should be constantly re-assessed to ascertain progression. Should you have any queries or concerns, please consult with the surgeon or attending in-hospital physio.

Surgery procedures vary due to the type of pathology, please use the following as a guideline only.

Surgery Type	Weeks	Weight Bearing	ROM
Femoro-Acatabular Impingement (CAM / Pincer)	0 to 4 4 to 6 >6	Partial (walking aid) Partial to full (walking aid) Full	Active assisted 60% to 70% of unaffected side > 70% (to tolerance) Full
Labral Repair	0 to 4 4 to 6 >6	Partial (2 x crutches) Partial to full (1 x crutch) Full	Active assisted 60% to 70% of unaffected side Gradually increased to tolerance Full
Debridement	0 to 4 >4	Partial to full (crutches) Full	Full active assisted (to tolerance) Full
Microfracture / Decompression	0 to 8 >8	Partial to full (walking aid) Full	Full active assisted (to tolerance) Full

Stage 1 (approximately 4 to 6 weeks):

- **Aim:**
  - Protected weight bearing stage, protect integrity of repaired tissue.
  - Restore range of movement within restrictions.
  - Maintain muscle function, preventing inhibition.
  - Allow tissue healing / repair.
  - Restrictions / Precautions:
    - Protect hip flexors.
    - Limit flexion to 90° an internal rotation, specifically for labrum reconstruction.

Day 1 to 14:

- Patient will be discharged with basic HOME

	exercise programme.
	• Weight bearing and ROM (refer to table above).
	• Continue circulatory exercises.
	• Commence / continue isometric activity (gluteals, quadriceps, hamstrings, adductors, abductors).
	• **<u>Begin Physiotherapy:</u>**
	  o Hip mobilisation, restore normal gait pattern while still on crutches.
	  o Soft tissue mobilisation, release and restore muscles around affected hip.
	  o Initiate core muscle exercises.
	  o Commence stretching (within ROM guidelines) – quadriceps, calves, hamstrings, adductors, iliopsoas, piriformis.
	  o Stationery cycling with no resistance.
	  o Commence Closed Kinetic Chain, i.e. bridging – double leg.
	  o Address lumbar spine / sacroiliac joints from week 2 to 6.
	• **<u>2 to 6 Weeks:</u>**
	  o Continue with weight bearing and ROM guidelines.
	  o Continue isometrics (as home programme).
	  o Introduce active assisted ROM (abduction, flexion, extension, adduction).
	  o Progress closed kinetic chain activity, i.e. 4 point kneeling.
	  o Continue stretching.
	  o Short lever hip flexion.
	  o Increase cycling activity.
	  o Continue core stability exercises.
	  o Patient can start with stationary bike exercises with NO resistance from 7 to 10 days post-op. Raise the seat to prevent over-flexion.
	  o Patient may start with swimming exercises 4 days after sutures removed and wounds checked:
	  ▪ Use pool float device between the legs!
	  ▪ No kicking or breaststroke!
	• **<u>Criteria to progress to stage 2:</u>**
	  o Minimal or no pain with phase one exercises.
	  o ROM approximately 75% unaffected side.
	  o Proper muscle firing patterns for initial exercises.
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	  o Proper muscle firing patterns for initial

	exercises.
Stage 2 (approximately 4 to 10 weeks):	• **<u>Aim:</u>** o Full weight bearing (minimal discomfort) refer to table above for possible weaning period). o Restore and maintain movement. o Increase muscle strength and improve proprioception. o Focus on normal arthrokinematics, normal gait pattern. o Focus on core stability. • **<u>Restrictions / Precautions:</u>** o No ballistic or forced stretching. o No axial loading. o No treadmill use. o Avoid hip flexors / joint capsule inflammation. • **<u>Physiotherapy:</u>** o Continue hip and soft tissue mobilisation. o Address associated joints, i.e. lumbar / thoracic spine, sacroiliac joints etc. o Advance linear strength training activity, i.e. wall slides, hip flexion / extension, 1/3 squats, flexion / extension exercises. o Introduce gentle active hip rotation (minimal resistance) Please AVOID any flare-ups. o Introduce proprioceptive activity. o Begin gluteus medius activation. o Focus on muscle sequencing with core stabilisation. o Progress muscle passive muscle stretching after warm up. o Pool (if possible) and land gait training. • **<u>Criteria to progress to Stage 3:</u>** o Full ROM. o Pain free, normal gait pattern. o Hip flexor strength >60% uninvolved side. o Hip add, abd, IR, ER strength >70% uninvolved side.
Stage 3 (approximately 8 to 14 weeks):	• **<u>Aim:</u>** o Improve and restore strength and endurance. o Improve proprioception. o Improve core stability. o Advance rotational hip activity, i.e. loading activity which requires internal / external hip rotation. o Restoration of cardiovascular fitness. o Biokinetic assessment, i.e. postural, strength assessment.

	• **<u>Restrictions / Precautions:</u>**
	  o No axial loading before full biokinetic assessment.
	  o No contact activities.
	  o Avoid hip flexors / capsule inflammation with increase of activity level.
	• **<u>Physiotherapy:</u>**
	  o As required – soft tissue treatment, joint mobilisation / correction.
	  o Monitor exercises and activity level.
	  o Introduce lunge exercises.
	  o Water bounding and pylometrics.
	  o Side to side lateral agilities.
	  o Forward and backwards running with cord.
	  o Stationary biking with resistance.
	  o Swimming with fins.
	  o Advanced bridging.
	  o Single leg stance on airex mat.
	  o Single leg bends.
	  o Elliptical trainer or low stair climber for cardio workout.
	• **<u>Criteria for progression to Stage 4:</u>**
	  o Full pain free ROM.
	  o Hip strength >85% of uninvolved side.
	  o Ability to perform sports specific drills.
	  o Completion of biokinetic functional sports test.

Stage 4 (approximately 10 weeks to 6 months):	• **<u>Aim:</u>**
	  o Biokinetics to assess return to social sports.
	  o Sport specific training programme.
	• **<u>Doctor follow-up:</u>**
	  o 6 weeks post-op, at the same time assessment by the member of physio rehabilitation team.
	  o 3 months post-op, at the same time physio and possible isokinetic assessment, depending on progress.
	  o 6 months post-op, with second isokinetic assessment.
	  o 9 months and 1 year post-op.