

HIP ARTHROSCOPY

(Post-Operative Protocol)

Prepared for Dr. J.N. Cakic

*This protocol is designed to serve as a guideline for clinicians and therapists.
One should consider the general health, bone quality and anticipated functional demands of each patient;
continual assessment is essential when considering patient progression.
Should you have any queries or concerns, please consult with the surgeon or rehabilitation team.*

**Your post-operative rehabilitation forms an integral aspect in the success outcome of your joint replacement.
Active participation and education are encouraged throughout your rehabilitation.**

WEIGHT BEARING AND ROM GUIDELINES

Surgery Type	Weeks	Weight Bearing	ROM
Femoro-acetabular Impingement (CAM / Pincer)	0-4	Partial (2 crutches)	Active 60 – 70% of unaffected side
	4-6	Partial to Full (1 crutch)	> 70% (to tolerance)
	> 6	Full	Full
Labral Repair	0-4	Partial (2 crutches)	Active 60 – 70% of unaffected side
	4-6	Partial to Full (1 crutch)	> 70% (to tolerance)
	> 6	Full	Full
Abductor Release (ITB / TFL)	0-4	Partial (2 crutches)	Active 60 – 70% of unaffected side
	4-6	Partial to Full (1 crutch)	> 70% (to tolerance)
	> 6	Full	Full
Abductor Repair	0-8	Partial (2 crutches)	Active 0-90 Flexion
			Passive Abduction <u>ONLY</u>
	8-12	Partial to Full (2 crutches)	Full Flexion / Extension
	> 12	Full (wean from crutches)	Passive Internal / External Rotation
			Gradual full ROM
Debridement	0-4	Partial to Full (crutches)	Full (To tolerance)
	> 4	Full	Full
Microfracture / Decompression	0-6	Toe Touching (2 crutches)	Full (To tolerance)
	6-12	Partial to Full (1 crutch)	Full
	> 12	Full	Full
Psoas Release	0 - 6	Full	Full
Capsule Modification	0-4	Partial (2 crutches) (to limit stride length)	Active and Passive Flexion 0-90 No External Rotation No Extension
	4-6	Full	Full Flexion No External Rotation No Extension
	>10	Full	Gradual introduction to External Rotation & Extension

STAGE 1 (± 4 - 6 weeks)

AIM	<ul style="list-style-type: none"> • Protected weight bearing stage, protect integrity of repaired tissue • Restore range of movement within restrictions • Maintain muscle function, preventing inhibition • Allow tissue healing / repair
PHYSIOTHERAPY <i>(Day 1 -14)</i>	<p style="text-align: center;">The average in-hospital stay is one night</p> <p>Your hospital-based physiotherapist will instruct a home-based exercise programme, teach crutch walking and educate the patient on comfortable sleep positions and daily activities</p> <p style="text-align: center;">Patient will be discharged with a HOME exercise program (refer to end of protocol)</p> <p style="text-align: center;">Commence outpatient treatment 7-10 days following surgery</p> <p style="text-align: center;">Introduce stretching, core stabilization and correct GAIT patterning</p> <ul style="list-style-type: none"> • Passive and active hip mobilization • Restore normal gait pattern (as per weight bearing restrictions) • Patient education – including day-to-day daily activity • Soft tissue mobilization – hip, thigh and lumbar spine (include spinal mobilization) • Commence stretching (within ROM guidelines) - quadriceps, calves, hamstrings, adductors • Initiate core muscle exercises (bed, mat programme) • Commence gluteal activation (bed, mat programme) • Commence stationary cycling with NO resistance. Raise the seat to prevent hip flexion > 90°
PHYSIOTHERAPY <i>(2 – 6 Weeks)</i>	<ul style="list-style-type: none"> • Continue with Day 1-14 physiotherapy • Continue / advance weight bearing & ROM (as per guidelines table, page 1) • Continue isometrics as per home exercise programme (if required) • Introduce / progress CKC activity • Introduce isometric hip rotation (deep stabilizers of hip), at 0° and 90° hip flexion • Continue / advance gluteal exercises <p style="text-align: center;"><i>NOTE: Many of the short lever activities require large degrees of hip rotation; this may aggravate labral involvement.</i></p> <p style="text-align: center;"><i>Long lever activities may decrease this excess rotational movement</i></p> <ul style="list-style-type: none"> • Continue stretching • Commence deep tissue massage around the arthroscopy incisions from 4 weeks • Increase cycling activity (no interval training OR spinning) • Increase core stability exercises (may introduce Pilates ball – respect the limitations of the patient’s function) • Introduce proprioception drills (refer to Weight Bearing & ROM guidelines) • <i>Optional</i> - Alter-G Anti-Gravity Treadmill© may be introduced • Patient may start with swimming exercises 5 days after sutures removed and wounds are sealed: <ul style="list-style-type: none"> ○ Use pool float device between the legs to eliminate kicking! ○ No breaststroke!

RESTRICTIONS / PRECAUTIONS:

Do Not push through pain!
 Maintain Weight Bearing & ROM restrictions (Refer to Guideline Table)
 Minimize active abduction for the first 2 weeks
 Labral repairs are highly sensitive to active rotational activity

CRITERIA TO PROGRESS TO STAGE 2:

- Achieve 70% of full ROM
- No pain during full ROM or with Stage 1 exercise
- Full weight bearing
- Proper muscle firing patterns
- No compensatory GAIT patterning
- Hip Stage 1- 2 Screening \geq 5 points (**refer to Hip Stage Screening**)

STAGE 2 (\pm 6 - 12 weeks)

AIM	<ul style="list-style-type: none">• Maintain full weight bearing• Maintain / improve normal arthrokinematics / GAIT pattern• Maintain ROM• Increase muscle strength & improve proprioception• Focus on core stability
PHYSIOTHERAPY	<ul style="list-style-type: none">• Continue hip, Lx Spine, SIJ mobilization• Continue / advance stretching (especially hip flexors)• Address fascial slings (if required)• Continue / advance gluteal exercises• Increase cycling activity (no interval training OR spinning)• Increase core stability exercises• Advance proprioception drills• Introduce gentle active hip rotation (minimal resistance) – Please AVOID any flare-ups• Patient may swim without pool buoy (No breaststroke!)<ul style="list-style-type: none">○ Treading in water (i.e. water polo) is patient specific training – this is individually assessed

RESTRICTIONS / PRECAUTIONS:

No ballistic or forced stretching

No hopping

Monitor hip flexor and adductor muscles for irritation / overload

Minimize strengthening of hip adductors (Respect ratio of strength between Abd and Add)

NB !! Check for “true anatomic” hip extension

CRITERIA TO PROGRESS TO STAGE 3:

Full ROM (especially hip extension)

No pain during full ROM or with Stage 2 exercise

No GAIT pathology or compensatory patterning during GAIT

Adequate abdominal core and gluteal strength to perform Hip Stage 2 – 3 Screening

Hip Stage Screening 2- 3 Screening \geq 7 points (**refer to end of protocol**)

STAGE 3 (\pm 8 - 16 weeks)

AIM	<ul style="list-style-type: none">• Optimize neuromuscular control and proprioception• Restore muscle endurance and strength• Introduce cardiovascular endurance• Advanced core stability• Advance rotational hip activity (i.e. loading activity which requires internal / external hip rotation)• Restoration of cardiovascular fitness
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PHYSIOTHERAPY	<ul style="list-style-type: none">• As required – soft tissue treatment, joint mobilization / correction• Monitor exercises and activity level• Introduce lunges exercises• Introduce side-to-side drills (<i>only</i> if no compensatory movement patterns present)• Advanced neuromuscular and proprioceptive training
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BIOKINETICS (Compulsory):

Hip arthroscopy is a preservation technique to reduce; to maximize your outcome a complete rehabilitation is recommended and advised.

Advancing to biokinetic:

- Determined between 10-12 week at follow-up assessment (Doctor and / or Physiotherapist decision)
- No pain is permitted with full ROM
- Hip Stage Screening 2 – 3 \geq 7 points

Biokinetic assessment:

- Postural assessment
- Check ROM
- Functional movement screening and balance reaction
- Isokinetic strength test
 - Concentric vs. eccentric – Flexion : Extension / Abduction : Adduction

RESTRICTIONS / PRECAUTIONS:

No axial loading prior to full biokinetic assessment

No contact activities

Avoid hip flexors / capsule inflammation with increase of activity level

CRITERIA FOR PROGRESSION TO STAGE 4:

Maintenance of full and pain free ROM

Hip strength > 70% of uninvolved side

Hip Stage 3- 4 Screening ≥ 7 points (**refer to end of protocol**)**STAGE 4** (± 14 weeks – 6 months)

AIM	<ul style="list-style-type: none"> • Biokinetics to monitor and assess return to sport activities • Continue to restore muscle strength and cardiovascular endurance • Maintain and advance core and gluteal strength
BIOKINETICS	<ul style="list-style-type: none"> • Repeat assessment as required • Postural assessment • Check ROM • Functional movement screening and balance reaction • Isokinetic strength test – Advance to Concentric vs. Eccentric • Sport specific training programme • Return to functional / sporting drills once > 85% of strength of uninvolved leg is achieved and functional movement patterns are normal

DOCTOR FOLLOW-UP (Mandatory)

3rd Week (end)	Physio	Passive & Active ROM check If patient seeing a Physio outside of medical team: Check that milestone are being achieved
	Nurse	Stitch removal
6th Week	Doctor	Post-operative check-up
	Physio	Hip Stage Screening 1 - 2
3 Month	Doctor	Post-operative check-up
	Physio	Hip Stage Screening 2 – 3 (Assess for biokinetic advancement)
6 Month	Doctor	Post-operative check-up Biokinetic results to be submitted before appointment
9 Month / 1 Year	Doctor	Post-operative check-up

