



Hip Arthroscopy

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling. You may use it 20 minutes on, 20 minutes off, as often as you wish. Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain** – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as step-down medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

Activity

- You may put partial weight (20lbs) on your operative leg using heel-touch with crutches for the first 3 weeks.
- Periodic standing and walking with your crutches is encouraged to decrease the risk of blood clots.
 - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins a few days after surgery.
 - Please call your insurance company for a list of facilities in your area and choose one. We will fax an order to whichever facility you prefer.
- Driving – At a minimum, no driving until you have stopped taking the narcotic.
 - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

Wound Care

- Your incisions are covered by several absorbent pads secured with foam tape. Please leave this in place until your first post-op visit.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- No showering until after your first post-op visit.

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Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly.
 - (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Recovery milestones:

PT will be 3x per week, starting one month after your surgery. Once you begin PT, you must do the exercises **daily**.

Overview:

- Week 4 – Full WB and ROM as tolerated
- Week 8 – Full ROM and normal gait are restored
- Week 12 – Gradual return to sport

Physical Therapy Protocol

PHASE I – Week 1-4

Goals: Protect the repair, restore ROM per guidelines, prevent gait abnormalities

Precautions: 20 lb heel-touch WB with crutches for first 3 weeks. Do not push through pain or pinching.

Range of Motion Expectations:

- Flexion limited to 90 degrees for the first 10 days
- No extension for 3 weeks
- Abduction limited 25-30 degrees for 3 weeks
- No internal rotation for 3 weeks
- External rotation has no limits

Week 1-2:

Exercises:

- Stretches to:
 - Piriformis
 - Hip flexors
 - Hamstrings
 - Quads
- Soft tissue massage to:
 - Scars
 - TFL / ITB
 - Pectineus
 - Psoas
 - Iliacus
 - Adductors
 - QL
 - Lumbar paraspinals
 - Calves
- Stationary bike – NO resistance
- Ankle pumps
- Gluteus squeezes
- Quad squeezes
- Heel slides
- Transverse abdominals
- Quadruped rocking
- Hip abduction and adduction isometrics with belt or Pilates ring
- Clamshells

Week 3-4:

Exercises:

- Continue above
- Flexion, abduction, extension leg raises
- Prone internal rotation and external rotation
- Double leg bridges
- Hip flexor stretches
 - Kneeling
 - Supine
 - Sustained supine

PHASE II – Week 5-8

Goals: Protect the repair, restore full ROM, restore normal gait, progressive strengthening of hip, pelvis, and lower extremities

Precautions: No aggressive stretching, avoid inflammation of hip flexors, adductors, abductors, and piriformis

Week 5-6:

Exercises:

- Continue hip flexor stretches
- Stationary bike with resistance
- Leg press with light weight
- Swimming
- Side stepping
- ½ squats with Swiss ball
- Treadmill walking
- Rotational strengthening
- Balance and proprioception exercises

Week 7-8:

Exercises:

- Initiate elliptical or stair climber
- Increase stationary bike with resistance
- Advanced bridging with Swiss ball or single leg

****Criteria for entering Phase III: Full ROM, pain-free normal gait, hip flexor strength 4/5, hip abductor, adductor, extension, and IR/ER strength 4+/5****

PHASE III – Week 9-12

Goals: Full strength and endurance restored

Precautions: No contact activities, no aggressive stretching

Exercises:

- Lunges
- Side to side lateral slides with cord
- Forward / backward running program
- Light plyometrics
- Resisted lateral walking
- Sideways agility drills
- Progress to running

****Criteria to enter Phase IV: Hip flexor strength 4+/5, all other strength 5/5, cardiovascular endurance restored to pre-injury level, proper squat form, pelvic stability with agility drills****

PHASE IV – Week 12 and onward

Goals: Gradual return to sport

Exercises:

Begin drills as indicated for specific sport or work activities.