HAWTHORN PHYSIOTHERAPY CLINIC

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A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

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Exercise Prescription
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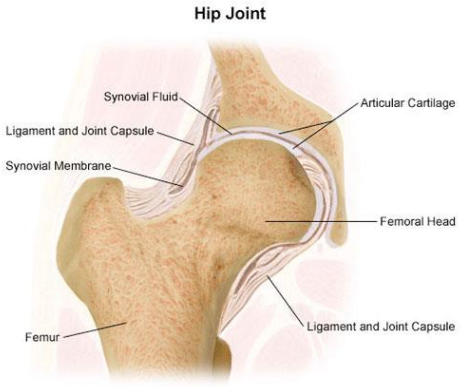
Rehabilitation Following Hip Arthroscopy

Surgeon: Mr Andrew Chia



'Arthroscopic' surgery refers to the key hole surgical technique used to gain access to your hip. Many procedures can be performed via arthroscopic surgery. You have had:

- ❖ Femoral osteectomy (CAM lesion)
- ❖ Acetabular osteectomy (pincer lesion)
- ❖ Labral repair/debridement
- ❖ Ligamentum Teres debridement/ablation
- ❖ Acetabular mircrofracture
- ❖ Other:

Recovery in the first two weeks after surgery:

In the first two weeks following hip arthroscopic surgery the main goals are to:

- ❖ Gently gain range in the hip joint without stirring up pain and inflammation
- ❖ To be able to walk without limp and without pain
- ❖ To begin to het the deep muscles (in particular the quadratus femoris) working properly

Avoiding stirring up pain and inflammation

The things you can do to help control pain and inflammation and improve your recovery:

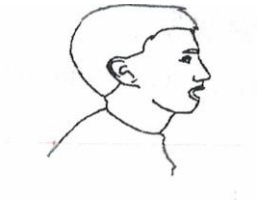
- ❖ Relatively rest for the first 2 days - do not spend much time walking or on your feet
- ❖ Take the pain killers and anti-inflammatory medication that Mr Chia has prescribed as directed
- ❖ Avoid flexion > 90 degrees or internal or external rotation
- ❖ Avoid prolonged standing or prolonged sitting without break until your surgical review
- ❖ Avoid sitting with your hip at ninety degrees: sit on a raised chair (or use a pillow under your bottom) so that your hip is higher than your knee, slouch or sit in a chair with a reclined back so that your hip is more "open" than a right angle.
- ❖ Sleep on your back, not your stomach or on your side with a pillow between your legs
- ❖ When you are getting in/out of a car or bed, keep your feet together
- ❖ Continue to use your crutches to take pressure off the hip until you can walk WITHOUT limping and WITHOUT pain
- ❖ As soon as you feel comfortable you may start using an exercise bike. (Usually 4 weeks post op.) Start with no resistance, high seat, 5 minutes at a time
- ❖ If you have had a femoral osteectomy/osteoplasty: No running, jumping or high impact exercise for at least 6 weeks post operatively or when cleared to do so by Mr Chia.
- ❖ No kicking in the pool for 6 weeks due to the risk of post operative synovitis. Must use pool buoy and ankle strap. No breaststroke.

Stairs 'Good leg to heaven, Bad leg to hell'

- ❖ Going Up - Good leg first, then sore leg, then crutches last.
- ❖ Going Down - Crutches first, then sore leg, then good leg.

You can commence these exercises immediately following surgery

Deep Breathing



Hourly on day of and day after surgery.
Relax your shoulders and take in a deep breath.
Hold for 3 seconds, and then slowly breathe out.
After 5 deep breaths, have a strong cough.

Foot & Ankle Pumping

10 repetitions hourly on day of surgery and while still on crutches.
Move your feet up and down from the ankles
- this can be done vigorously.

Basic Quadriceps Setting

10 repetitions hourly on day of surgery and while still on crutches.
Straighten your knee on the bed and tighten
the muscles on the front of your thigh - hold 3 seconds.

Hip/Knee Bending on the Bed

Done 10 Repetitions, 4-6 time per day
Lie flat on your back. Gently slide your foot up the bed,
bending your hip and knee - only as far as comfortable.
Do not flex more than 90 and avoid rotating your leg in/out

Isometric Quadratus Femoris Lying on Your Stomach

Done 10-20 repetitions, 4-6 times per day.

Lie flat on your stomach with your operated leg slightly out to the side.
Your physiotherapist will show you to place your hand so that you can feel where the quadratus femoris (QF) muscle is.
Bend your knees up to 90 degrees and bring the foot of your non-operated side over to meet the foot of your operated leg.
Gently squeeze your feet together feeling for the QF muscle to contract deep in your buttock - hold 3 seconds.

Follow Up: Mr Chia recommends that you make an appointment to see your own Physiotherapist 7-10 days following your surgery, or contact his rooms (03 9851 8555) for a recommendation.

Account for Physiotherapy Services

If you are an uninsured patient, you will receive a separate account for physiotherapy services. The physiotherapist will only see you if Mr Chia has requested it.

St Vincent's Private Hospital, Kew uses Hawthorn Physiotherapy Clinic to provide its physiotherapy. If you don't have a physiotherapist and have any further questions we will be happy to assist you in any way to make sure your surgery is a success.

Please don't hesitate to call us at HPC on (03) 9819 2827.

Notes for your Physiotherapist to help you through your recovery

Stage 1

Rehabilitation after 1st week

Reassess deep cuff/QF function (with real time US if available) to ensure adequate activation

4 Point Kneel Exercise
Active Flexion (<90), Extension, Internal (<20) and External (<30) Rotation
When appropriate, theraband resistance can be started
Aim to progress to 3 sets of 30 reps (max)
No Abduction

Assess gait, kinetic chain and lumbo-pelvic function and treat as required
Walking for 5-10 mins (max), no hills and slow pace

Gentle soft tissue massage for muscle overactivation
(especially Adductors, Gluteals, Piriformis, Psoas and Tensor Fascia Lata)

Monitor pain levels and reinforce precautions to avoid stirring up pain and inflammation

Stage 2

Week 3- Week 6

Reassess deep cuff/QF function (with real time US if available) to ensure adequate activation

Continue to progress through 4 point kneel exercises:
Increasing theraband resistance and repetition
Progress Deep Cuff through different positions
Start active Abduction (<30)
Core stability exercises

Start exercise bike - 5 mins, high seat and low resistance
Gradually progress to 20 mins with increased resistance

Start hydrotherapy. No kicking hard in the pool for 6 weeks due to the risk of post operative synovitis.
Must use pool buoy and ankle strap. No breaststroke.

Reassess gait, kinetic chain and lumbo-pelvic function and treat as required
Increase walking 30 mins

Continue gentle soft tissue massage as required

Monitor pain levels and reinforce precautions to avoid stirring up pain and inflammation

Stage 3

Week 6- Week 12

Normal Gait and active range of moment should be present

Excellent activation of deep cuff/QF function should be present

Continue to progress Abduction exercises to sidelying or clamshells (isometric holds if pre-existing gluteal tendinopathy/bursitis present)

Start hip extension in prone/progress to bridge/single leg bridge

Start squats and progress to single leg squat if good control (NOT deep squats or lunges)

Start rectus abdominus and obliques strengthening

Start road bike - again with high seat and low resistance initially (up to 30 mins initially). Gradually progress to short inclines/low hills

Start swimming - gentle kicking (flippers maybe beneficial). No breaststroke

Unlimited walking. Start cross trainer/stepper

Start static proprioception and balance work (Wobble board etc.)

Start jogging - on treadmill, low speed, no incline initially. Gradually progress from 10 mins - 30 mins. When appropriate, progress to jogging on track/soft surface.

When appropriate\, introduce sports specific retaining, proprioceptive drills, running drills, dynamic agility retaining, lateral step through +/- bands, steps and kicking.

Continue gentle soft tissue massage as required

Monitor pain levels and reinforce precautions to avoid stirring up pain and inflammation

Stage 4

Week 12+

Can run, sprint, cycle and/or swim at full load and speed

Continue sports specific retraining at full load and speed

For return to sports, patients must have symmetrical (left and right) and balanced muscle groups (core muscles, flexors and extensors etc) with excellent dynamic hip stability, strength and endurance.