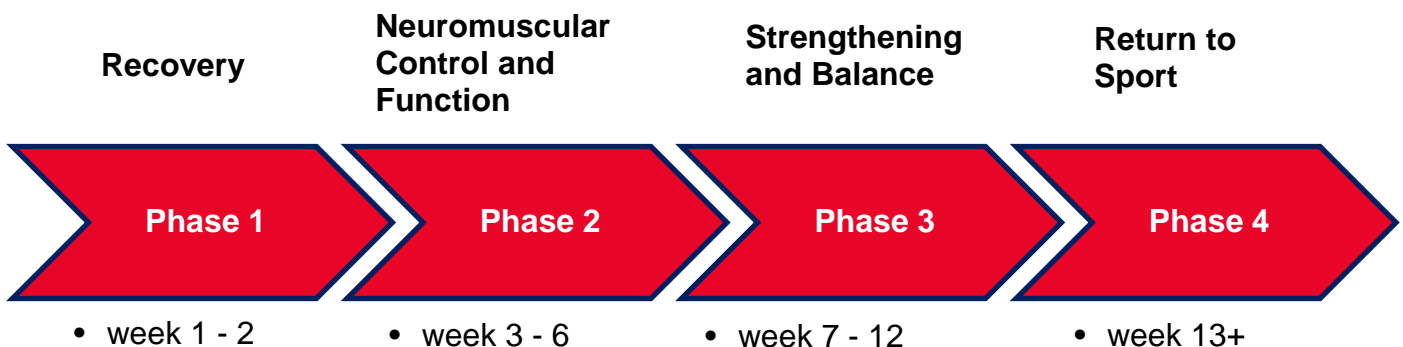


Hip Arthroscopy Protocol



- This document outlines rehabilitation goals, precautions and exercises following hip arthroscopic surgery.
- The phases are listed as time blocks; however progression should be guided by your surgeon and treating physiotherapist.



Disclaimer:

This leaflet provides some exercises to assist with rehabilitation of your injury. While it contains the recommended exercises, it does not contain all the available exercises or information and does not take the place of talking to your orthopaedic surgeon or physiotherapist.

All exercises have risks and benefits. Your surgeon has weighed the risks of you undertaking these exercises against the expected benefits. If you have any concerns about any of these exercises, ask your surgeon or physiotherapist.

Do not continue the exercises if:

You experience increasing pain (some discomfort is common)

Your condition has deteriorated in any way since you last consulted your surgeon or physiotherapist

You have a new injury or condition and have not consulted your treating doctor about continuing these exercises.

These exercises should only be undertaken by patients who are currently being treated by an orthopaedic surgeon at The Royal Melbourne Hospital.

If you do not understand how to perform an exercise then do not do it. Do not do more than the prescribed number of each exercise without first talking to your orthopaedic surgeon or physiotherapist.

Patients should be aware that the suggested exercises are not guaranteed to provide any improvement in your condition but may assist rehabilitation if undertaken in accordance with these instructions and your orthopaedic surgeon or physiotherapist's advice. Exercises are undertaken at your risk.

Keep this brochure as you may need to read it again.

Phase 1: Recovery (week 1 and 2)

Goals

- Protect bony and soft tissue healing
- Control pain and swelling
- Achieve good quadriceps (thigh muscle) and gluteal (bottom muscle) activation
- Restore hip range of motion within restrictions

Swelling Management

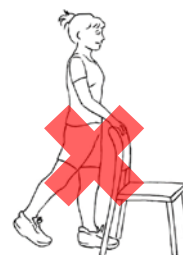
- You may wear an elastic compression bandage on the thigh during the day (these can be purchased from your local chemist). Remove it when you go to bed
- Elevate the leg and apply ice for 20 minutes, 3 – 4 times per day

Walking

- Weight bear as tolerated on the operated leg, but use crutches for support to prevent limping

Movement Precautions

- Do not stretch forcefully or into pain
- Avoid sitting on low chairs, toilets, beds, where the hip would be bent beyond 90 degrees
- Avoid extending your leg behind you



Phase 1 Exercises

Start these exercises the day after surgery. Perform 3 - 5 times daily.

Knee Extension - Lying on your back with your legs out straight, gently push your knee down against the bed to feel the thigh muscle tighten. Hold for 5 seconds then relax

Repeat 3 x 10



Buttock Squeeze - Lying on your back with your legs out straight, squeeze your buttocks firmly together. Hold 5 seconds then relax

Repeat 3 x 10



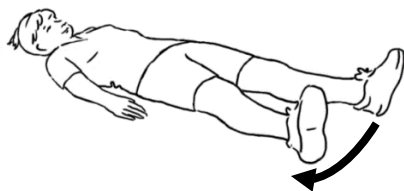
Knee Flexion - Lying on your back, slide your heel towards your bottom bending at the knee. **Do not move past 90 degrees at the hip**

Repeat 3 x 10



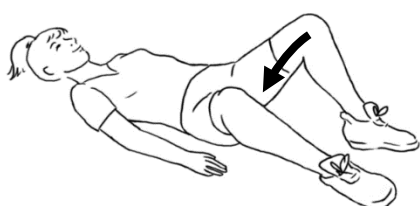
Hip Abduction - Lying on your back. Slide your heel out to the side keeping your toes pointing to the ceiling

Repeat 3 x 10



Hip Rotation - Lie on your back with your knees bent up. Keeping ankles together, slowly open your knees out to the sides and return to the middle

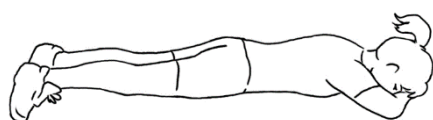
Repeat 3 x 10



Stomach Lying - Spend time lying on your front to stretch out the front of your hips

If this is too uncomfortable, start with a pillow under your hips

Aim for 5 minutes 3 x per day



Add after 7 days

Exercise Bike - Start with the seat height high and no resistance. Keep your bottom on the seat
Start with 5 – 10 minutes and increase as tolerated



Phase 2: Neuromuscular Control and Function (week 3 - 6)

Goals

- Restore full pain free hip range of motion in all directions
- Increase muscle (neuromuscular) control and balance
- Wean off crutches and normalise walking pattern



Precautions / Management

- Commence a walking program **provided this does not increase your pain and swelling - avoid using a treadmill**
- Commence hydrotherapy and swimming (once wound is healed)
- **Avoid** aggressive stretching or exercises that cause pain
- **Avoid** hip abduction in side lying as this places high force on the hip joint

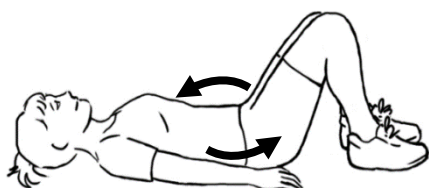


Phase 2 Exercises - Part A

Perform the exercises 2 - 3 times per day.

Pelvic Tilting - Lying on your back with knees bent and arms by your side, tighten your abdominal (stomach) muscles and tilt your pelvis back, flattening the small of your back against the floor. Then relax

Hold 3 seconds - Repeat 3 x 10



Bridges - Lie on your back with knees bent up, lift your bottom off the bed then slowly lower down

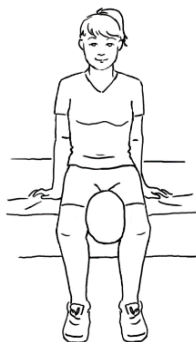
Repeat 3 x 10



Hip Adduction - Place a ball or rolled towel between your legs. Squeeze it with your thighs.

Hold 5 seconds then relax

Repeat 10 times



Hip Flexion - Stand holding something for support. Raise your knee in front of you **to hip height**.

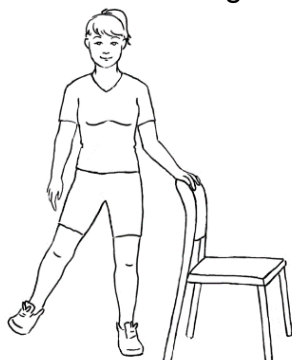
Slowly lower

Repeat 3 x 10 on each leg



Hip Abduction - Stand holding something for support. Raise your leg out to the side, keeping your toes pointing forward

Repeat 3 x 10 on each leg



Hip Extension - Stand holding something for support. Move your leg out behind you keeping your knee straight. Do not lean forwards

Repeat 3 x 10 on each leg



Sit to Stand - Slowly stand up from chair without using your arms to assist

Repeat 3 x 10



Squat - Stand holding something for support. Bend your knees into a squat then slowly stand up straight again

Repeat 3 x 10



Step Ups - Step onto a step or small box leading with the operated leg. Use a rail or wall for support if needed

Repeat 3 x 10

To increase the challenge try step downs, side steps or increase the height of your step

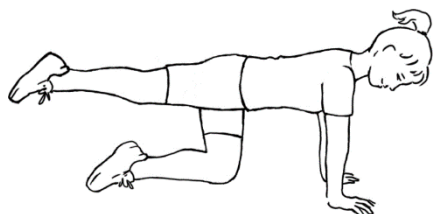


Phase 2 Exercises - Part B

Add these exercises under the guidance of your physiotherapist.

Four Point Kneel Leg Extension - Start in crawling position. Keeping your back straight, lift your affected leg out straight behind you then return to starting position

Repeat 3 x 10 on each leg



Forward Lunge - Step the operated leg forward, and bend both knees, lowering down

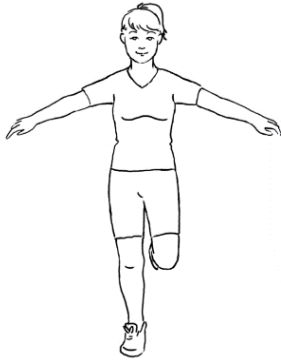
Repeat 3 x 10

To increase the challenge step to the side or back, or add hand weights



Single Leg Balance - Stand near a supportive surface in case you lose balance. Try balance on your operated leg

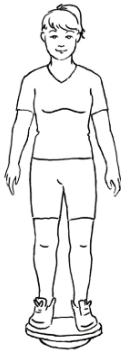
Repeat 3 x 30 seconds



Advanced Balance Exercises - Stand near a supportive surface. Balance on a wobble board / bosu ball / dura disc

Repeat 3 x 30 - 60 seconds

To increase the challenge add upper body movements e.g. catch and throw a ball



Swimming With Pool Buoy Between Your Legs - You can start swimming from week 3 onwards, provided there are no wound issues. Use waterproof dressings as advised. **Avoid kicking with your legs**

Start with 15 - 20 minutes and build up as tolerated



Phase 3: Strengthening and Balance (week 7 - 12)

Goals

- Restore muscle strength and endurance
- Improve dynamic stability of the hip and pelvis during function
- Start basic sport-specific activities
- Restore cardiovascular fitness

Precautions / Management

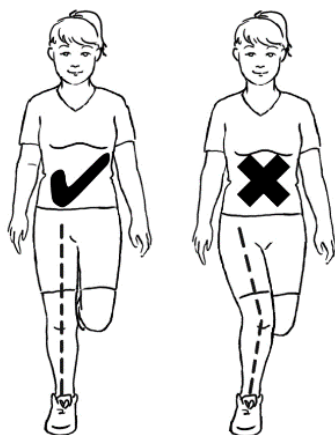
- Avoid exercises that cause pain
- Avoid treadmill
- Avoid contact sports
- Avoid high velocity activities
- Commence a gym exercise program for core and leg strength

Phase 3 Exercises

Progress to phase 3 exercises as guided by your physiotherapist. Perform once daily.

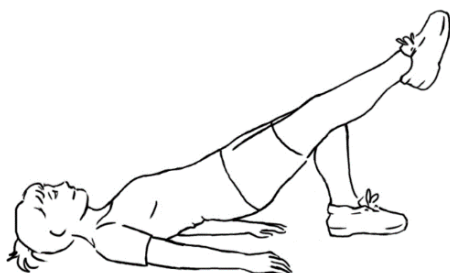
Single Leg Squat - Stand on the operated leg, squat down while keeping the knee in good alignment. Hold a chair on the opposite side if needed initially

Repeat 3 x 10



Single Leg Bridge - Once you are able to bridge with two legs (phase 2A), progress to one leg

Repeat 3 x 10



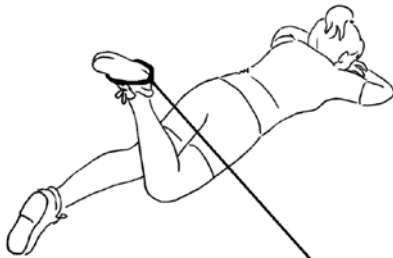
Step Down - Standing on a step, step down leading with your non-operated leg. Step back up onto the step

Repeat 3 x 10



Hip External Rotation Strengthening - Attach an exercise band to a table leg (or something heavy) and the other end around your ankle. Lying on your tummy with your knee bent to 90 degrees behind you, pull your foot across your mid-line towards the opposite side. Slowly return to the start position

Repeat 3 x 10



Jogging - Progress from walking to light jogging as guided by your physiotherapist

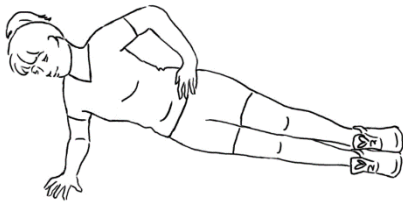
You can try this in the pool first. If you get increased pain, stop and continue walking program



Gym Exercise Ideas - Start with low load and high repetition e.g. 3 x 15 - 20. As you gradually increase the load / weight, reduce the repetitions as guided by your physiotherapist

Do not exercise in to pain

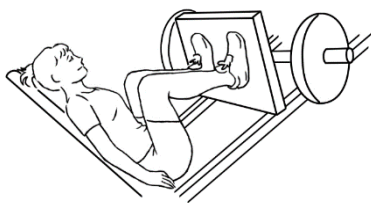
- a) Side plank
- b) Crab walk with elastic band
Progressions: forward / backward walk, lower band to ankles
- c) Leg press
- d) Dead Lift
Progressions: Add a weight, or try on single leg
- e) Exercise bike with resistance



a) Side Plank



b) Crab Walk



c) Leg Press



d) Dead Lift



e) Exercise Bike

Phase 4: Return to Sport (week 13 onwards)

Goals

- Regain pre-surgery fitness
- Regain agility and power
- Independent with gym program
- Return to sport

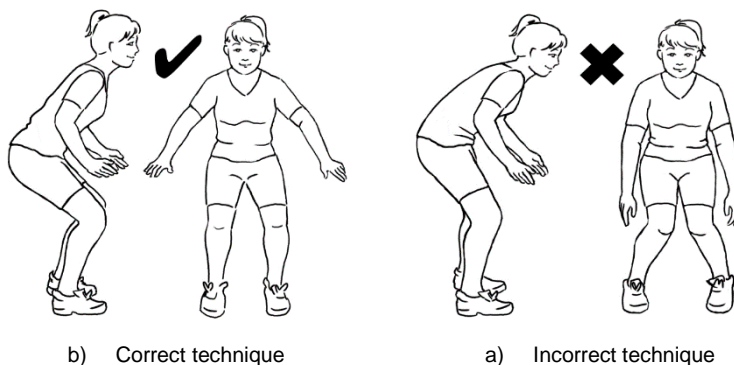
Management

- Discuss any exercises that cause pain with your physiotherapist
- Develop a return to sport training program

Phase 4 Exercises

Add these exercises as advised by your physiotherapist. Perform 2 - 3 times per week.

Jumping (Plyometric) Exercises - Squat down keeping hips, knees and ankles in good alignment. Hold for 1 second then jump straight up. Focus on landing softly with good hip and knee control
Repeat 3 x 30 seconds



To increase the challenge:

- Side jumps
- Box jumps with increasing height
- Jump with rotation – 90° and 180°
- Double leg jump landing on single leg
- Lunge jumps
- Hopping
- Triple jump
- Zig Zag – double leg or single leg

Running Drills (avoid treadmills) - Jog or run in a straight line running on flat ground. Focus on hip and knee control

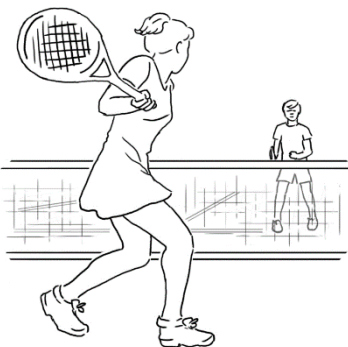
Start with 5 - 10 minutes then increase time as tolerated



To increase the challenge:

- Increase speed and/or distance
- Add incline/decline hill work
- Move in a different direction: forwards, backwards, sideways
- Add bounding or change speed
- Leaping
- Running with quick change in direction e.g. plant and cut

Sport Specific Exercise - Your physiotherapist will help plan exercises / drills specific to your sporting activity or gym requirements



When can I...

Return to work?

- Sedentary employment (e.g. desk job) **when comfortable**.
- Work that involves standing on your feet most of the day (e.g. retail work) around **4 - 6 weeks** if pain and swelling in the leg is minimal.
- Manual labour jobs (e.g. construction worker) around **6 - 8 weeks** once cleared by your surgeon and you are able to complete your work specific activities with no increase in pain or swelling.

Return to driving?

- Automatic car:
 - Left leg surgery: When comfortable (take care if the car has a low seat).
 - Right leg surgery: **2 - 3 weeks** once you have achieved adequate strength and pain control to perform an emergency stop.
- Manual car:
 - **2 - 3 weeks** once you have achieved adequate strength and pain control to perform an emergency stop.

Return to jogging?

- After **6 weeks** provided it is pain free, and as guided by your surgeon and physiotherapist.

Return to sports?

- After **3 - 4 months** as guided by your surgeon and physiotherapist.

Contact

Department of Physiotherapy
Allied Health

(03) 9342 7440

