Arthroscopic Hip Labral Repair or Reconstruction Protocol

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HIP SURGERY

The recovery process after Hip surgery is straight-forward and this document is designed to help you and your physical therapist to get the best outcome!

Please visit Dr. Huang's website for post-operative care and early motion exercises. This page has many resources for you including training videos on dressing removal, crutch instruction, brace instruction, and even range of motion exercises!

The website is: https://www.huangortho.com/hip-surgery-patients

General recommendations:

- Do not hesitate to contact Dr. Huang's team with any questions or concerns
- Less is more! Do not push too hard, rest is an important aspect to recovery
- Manual therapy is an important part of your recovery, make sure your therapist includes range of motion, soft tissue manipulation, and joint mobilizations throughout your recovery.
- Setbacks are normal, recovery is never a smooth and straight line. Try not to get frustrated if you hit a setback and aim to work through it with your therapist
- If it hurts, do not do it! No pain no pinching is the name of the game after a hip surgery
- If you have access to a pool, request the aquatic protocol

AFTER SURGERY

1. Medications: we give you a variety of medications to try to make the recovery go smoothly. Remember that most of these medications are AS NEEDED. So, if you do not need them, do not use them.
    a. Pain medication (usually oxycodone or hyrdrocodone). This is the narcotic. It is to take the edge off of surgical pain. It will not eliminate the pain. These are addictive so please use sparingly.
    b. Stool softener (Colace). While taking the narcotic, please take a stool softener to counteract the constipation caused by the pain medication.
    c. Anti-nausea (ondansetron or phenergan). This is provided if you have nausea after surgery.
    d. Muscle relaxant (cyclobenzaprine or other). This is provided to help with muscle spasms that can occur after surgery. This can be taken with the pain medication or all by itself. Please be aware that it makes most patients sleepy.
    e. Blood thinner (aspirin or other). All surgical patients are at risk for blood clots. Based on your personal risk, we will prescribe one. Duration is based on the complexity of the surgery and the duration of risk.

2. Hip Brace: Prior to leaving the operating room a hip brace will be applied.
    a. The postoperative brace helps to keep the hip in relative position. It WILL NOT be rigid.
    b. For the first 24 hours, we recommend keeping it on at all times. After removing the dressing on the first day, you may remove the brace. The brace should be on when you are up and walking/standing. The brace should be on when you laying down and sleeping. See video on Dr. Huang's website (www.huangortho.com)
    c. When sitting or reclining, the brace is NOT necessary and may be removed. This includes removing it during bathroom activities and also when showering.
3. If you chose to have a N'Ice or GameReady machine, we will help you set this up ahead of time. Please give us advanced notice.
    a. For either machine, you can leave the cold compression on for 30-45 minutes before giving it a break. **Please note that the N'Ice or GameReady may not be reimbursed by your insurance company and that the patient may incur the cost of these devices.**
    b. Ice packs or frozen bag of peas can be a great way to provide cold therapy to the knee. We recommend keeping these on for 20 minutes at a time and then allowing the knee to warm back up for another 20 minutes. Always keep a wash cloth or other layer between the skin and the ice pack.

RETURN TO WORK

1. As far as returning to work, if you have a desk type job you can return to work when your pain medication requirements decrease, and you can safely walk with your crutches. Typically, this is between 5 - 10 days after surgery.
2. Patients who have jobs where light duty is not permitted will be out of work for a minimum of 6 - 12 weeks. Please discuss this with us as soon as possible so we can help you get all the details right!

WHEN CAN I DRIVE A CAR?

REMEMBER, IT IS ILLEGAL TO TAKE PRESCRIPTION PAIN MEDICATIONS AND OPERATE A MOTOR VEHICLE!

1. First, you must not be taking any prescription pain medications.
2. Patients who have had surgery on the left hip, and who have an automatic transmission may drive when they can comfortably get the leg in and out of the car.
3. Patients who have had surgery on the left hip and have standard transmissions, should not drive until they have good muscular control of the leg. This usually takes 4-6 weeks.
4. Patients who had surgery on the right hip should not drive until they have good muscular control of the leg. This usually takes 4-6 weeks.

HIP ARTHROSCOPY PROTOCOL

The intent of this protocol is to provide the therapist and patient with guidelines for the post-operative rehabilitation course after arthroscopic hip surgery. This protocol is based on a review of the best available scientific studies regarding hip rehabilitation. It is by no means intended to serve as a substitute for one's clinical decision making regarding the progression of a patient's post-operative course. It should serve as a guideline based on the individual's physical exam/findings, progress to date, and the absence of post-operative complications. If the therapist requires assistance in the progression of a post-operative patient they should consult with Dr. Huang.

Progression to the next phase based on Clinical Criteria and/or Time Frames as Appropriate.

PHASE I (Weeks 1-6)

Weight bearing:

- 30% Weight bearing for the first 2-4 weeks
- If standard labral repair: 30% weight bearing for first 2 weeks
- If microfracture: 30% weight bearing for first 4 weeks with 1-2 weeks weaning from crutches
- If labral reconstruction: 30% weight bearing for first 4 weeks with 1-2 weeks weaning from crutches
- If gluteus medius repair: 30% weight bearing for first 6 weeks with 1-2 weeks weaning from crutches

First 2 weeks restrictions:

- External rotation to 30° and extension to 0°
- Abduction to 45°
- No active hip flexion
- 2 hours per day to be spent on your stomach to help gently stretch anterior hip
- Brace use to protect the hip (see above)

Goals:

- Decrease swelling and pain
- Restore mobility within limitations
- Restore normal gait
- Promote normal proprioceptive and neuromuscular control
- Protect integrity of repaired tissue

Pain and swelling:

- **PRICE** – protection, rest, ice, compression, elevation
  - 5-6 times per day for 20-30 minutes each
  - Encouraged to do this on your stomach
  - Ankle pumps for swelling and DVT prevention
- Hook non-surgical foot under ankle of surgical foot to assist with getting in/out of bed
- Sit in higher chairs to avoid too much hip flexion

Manual Therapy:

Range of Motion:

- Passive Range of Motion (see video on Dr. Huang's website)
  - Have a partner help 2-3x/day for approximately 10 minutes each time
  - Circumduction (hip circles)
  - Internal rotation (log rolls)
  - Stay in a pain free range of motion
  - Perform these for the first 6 weeks
- Active/Active assisted Range of Motion
  - At week 1 begin quadruped rocking and cat/camel
  - Upright stationary bike 1x/day for 20 minutes; keep the seat high and with no resistance
  - Non-operative knee to chest to stretch operative hip flexor gently
  - Begin Thomas stretch at week 3

Soft tissue massage: Once a day to help flush out swelling

Aquatic Therapy (if available)

- Begin at 3 weeks after stitches have been removed and wounds are healed
- See aquatic protocol for exercises

Strength and Motor Control

- Isometrics
  - Quad sets, glute sets, transverse abdomonis
- Edge of bed hip extension
- Standing skaters
- Swiss ball flexion (hamstring ball rolls)
- Tall kneeling with rotation and pelvic tilt

Proprioception and Neuromuscular Control

- Side step with no resistance

- Quadruped stabilization exercises
- ½ kneeling for stability
- Forward and backward walking

Crutch Weaning

- Progressively increase weight using 2 crutches. This may take 1-4 weeks, but can take longer
- Main focus is on normal hip extension and lumbar stability
- Only walk without crutches if you have no limping/Trendelenberg gait

Criteria for next phase:

- **Pain free PROM**
- **Full bridge without compensations**
- **Minimal gait deviations with no pain**
- **Able to hold a tall kneel position without anterior hip pain**

PHASE II (Weeks 6-12)

Goals:

- Full AROM/PROM
- Pain-free standing hip flexion
- Restore normal gait
- Improved rotary stability including front and side planks without compensation
- Improve leg strength

Restrictions:

- Discontinue all range of motion restrictions.External rotation to 30° and extension to 0°
- Allow active hip flexion per tolerance of patience
- Increase hip flexor stretching

Strength, Proprioception, and Neuromuscular re-education

- Closed chain and single direction exercises
- Week 6-8: can begin gentle active hip flexor strengthening
- Week 11-12: Can progress to multi-plane exercises

Cardio

- Week 6: add gradual resistance to upright bike
    - Do not increase time and resistance on the same day
    - 30 minutes for first 2 weeks and can progress gradually if no hip pain
- Week 8: Elliptical with low resistance and swimming with kicking
- Week 8: 70% Alter-G running if no pain and Y balance score <4cm between sides
- Week 12: Return to Pilates Reformer Pilates footwork series, skater, and hip extensions

Criteria for next phase:

- **No swelling**
- **Full AROM/PROM**
- **Able to ascend/descend stairs reciprocally without compensation**
- **Walk 1 mile without compensations**
- **1 minute double leg bends**
- **Single knee bends to 70 degrees without compensation**

PHASE III (Weeks 12+)

Goals

- Restore multi directional strength and agility
- Restore ability to absorb impact on leg (plyometric strength)
- Full extension for normal running mechanics
- Return to sport and multi-directional activities

Criteria for advancement to Return to Sport:

- **Bilateral 1 minute single leg stance with alternate hip flex/ext**
- **Resisted single leg squat for 3 minutes**

PHASE IV (Return to Sport)

Sports specific drills

Closed chain Pilates is good for hip strength maintenance

SPECIFIC SITUATIONS

Labral Reconstruction

- Weeks 1-4: 30% weight bearing with brace
- Week 8: Swimming with a pull bouy
- Week 12: Kicking with swimming
- Month 5-6: May begin running and kicking
- Return to Sport: need to perform single leg standing with alternating hip flex/ext for 1 minute bilaterally and 3 minutes of single leg resisted squats

Glute Medius/Minimus Repair

- Weeks 0-6: PROM hip abduction only, 30% weight bearing, use of brace
- Weeks 6-12: AAROM hip abduction
- Weeks 12+: AROM and strengthening of hip abduction