Inland Orthopaedic Surgery & Sports Medicine Clinic

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HIP ARTHROSCOPY LABRAL REPAIR/DEBRIDEMENT ± FEMORAL NECK OSTEOPLASTY ± ACETABULOPLASTY ± MICROFRACTURE
REHAB PROTOCOL AND POST-OP INSTRUCTIONS

This protocol may vary in length and aggressiveness depending on factors such as: Size and location of labral tear, acute versus chronic condition, strength/pain/swelling/range of motion status, pre-operative function, rehabilitation goals and expectations

I. POST-OP INSTRUCTIONS:

a. After labral repair/femoral osteoplasty **patients must use crutches and be Flat Foot weight-bearing to the operative side x 4 weeks post-op**

b. May **remove bandage post-op day 3** and clean hip with alcohol and gauze. Keep steri-strips/sutures in place and reinforce with band aids as needed. **Ok to shower, keeping hip dressings covered and as dry as possible** with saran wrap and tape

c. After removing dressing on 3rd day, do not scrub over incisions while in shower. Just let soap/water drain over hip and pat dry. Do not submerge incisions in bath or pool until fully healed (4-5 weeks)

d. If you had a **nerve block at the time of surgery, it usually wears off 12-24 hrs post-operatively**. It is normal to have some numbness in the leg the first few days after surgery as a result. **The first night after surgery take pain medication before going to bed as the nerve block will often wear off during the night.**

e. Take the prescribed pain medications as directed. You can supplement your pain control with ice and over-the-counter ibuprofen if needed, making sure to follow the dosage as recommended on the bottle.

f. Decrease the frequency of your pain medicine as your symptoms allow. Although everyone is different, generally patients are able to be off of pain medicine around 1-2 weeks post-op.

g. There is no conclusive data about when it is safe to return to driving after hip arthroscopy. You cannot drive while taking pain medications. Return to driving is highly individualized and is generally guided by your ability to drive safely and your ability to make evasive maneuvers if that was required. If you had surgery on your right hip you should make other arrangements for transportation until you are allowed to resume normal and full weight-bearing.

h. **ADDITIONAL MEDICATIONS:**

i. The risk of blood clots is quite low after arthroscopic surgery of the hip. However, there are several things you can do to decrease this risk even more. It is recommended that you take **325 mg of aspirin once a day for 3 weeks after surgery.** In addition ambulation and calf pumps while you are sitting down can decrease that risk. Finally the use of a compression stocking is recommended for 4 weeks after surgery.

ii. Heterotopic ossification (the formation of bone in the soft tissues around the hip) is a potential complication after hip arthroscopy and is reported to occur anywhere between 0-44% if untreated. To reduce this risk it is recommended that patients **use naproxen (Aleve) for 3 after surgery. The recommended dosage is 500 mg twice a day for 3 weeks after surgery (or 2 pills of over the counter Aleve twice daily).**

iii. If you have a history of allergy to aspirin or NSAIDS, history of easy bleeding, or on any other blood thinning medications please discuss this with Dr. Hazelwood pre-operatively to discuss an alternative approach.

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II. REHABILITATION PROTCOL. WEEK 1

a. Flat Foot Weight Bearing x 4 weeks for femoral neck osteoplasty and labral repair
   i. **Range of Motion: Avoid external rotation, limit hip flexion <90 degrees and Abduction to 30 degrees x 6 weeks**
b. Wall Slides
c. Prone Hangs
d. Ankle Pumps
e. Quad sets + straight leg raises as tolerated
f. Hamstring sets

III. REHABILITATION PROTCOL. WEEK 2

a. Toe Raises/Heel raises
b. Bicycling with both legs with no resistance
c. Begin swimming pool gait therapy/walking after sutures removed & as availability allows
   i. Active pain-free ROM in pool can be initiated at this time

IV. REHABILITATION PROTCOL. WEEK 3-6

a. Begin gentle stretching as tolerated
b. Active Release Therapy (ART) of Hip Flexors/Adductors/Abductors as indicated
c. Gentle core strengthening
d. May start open chain knee extension and flexion activities as tolerated at week 4
e. Light resistance added to bicycling week 5
f. Progress to **weight bearing as tolerated week 4**

V. REHABILITATION PROTCOL. WEEK 6-8

a. Weight-bearing as tolerated
b. Progress range of motion as tolerated
   i. Start with supported internal rotation followed by external rotation as tolerated
c. Treadmill incline walk
d. Terminal 1/3 knee bends
e. Gait training to prevent Trendelenburg gait
f. Regain full terminal extension
g. Initiate elliptical trainer
h. ART: Hip Flexors/Adductors/Abductors as indicated

VI. REHABILITATION PROTCOL. WEEK 8-12

a. Focus on open and closed chain proprioception training
b. Movement in all planes, to include rotary stability
c. Advance core strengthening
d. Rowing as tolerated
e. Add forward and backward jogging as indicated
f. ART: Hip Flexors/Adductors/Abductors as indicated

VII. REHABILITATION PROTCOL. WEEK 12-16

a. Start weight bearing closed chain resistance training as tolerated
b. May start jogging
   i. Start at low speed and short distances. Can progress speed and distance if hip continues to be nonpainful
c. ART: Hip Flexors/Adductors/Abductors as indicated

VIII. REHABILITATION PROTCOL. WEEK 16+

a. Start sport specific activities as tolerated
b. Recovery can take 6-9 months to regain full function
c. **RETURN TO SPORTS/FULL CUTTING ACTIVITIES:**
   i. You need to be cleared by Dr. Hazelwood and your physical therapist/athletic trainer prior to return to athletic activity. For hip arthroscopy with labral repair and femoral neck osteoplasty return to contact sports/cutting sports occurs around 9 months and sometimes up to a year from surgery.
   ii. In general, return to sports and cutting activities is allowed after the patient achieves adequate flexibility, strength and endurance of the hip that is equal to at least approximately 90% of the other side.