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Post-Operative Instructions
Hip Arthroscopy

1.Remove the dressing on post-op day #4.
2. Apply band-aids to wound sites - change daily.
3. Physical therapy appointment should be scheduled for post-operative day #1.
4. Rehabilitation as per Birmingham's protocol. Have therapist contact our office with any questions.
5. Please do not use bacitracin or other ointments under the bandage. Use the Cryocuff (ice packs) as often as possible and at least 30 minutes four times per day. An ace wrap may be used to help control swelling. Do not wrap the ace too thickly or the cryocuff will not penetrate.
6. You may shower on post-op day #4 if the incisions are dry. Gently pat the area dry after showering.

7. Do not soak the hip in water or go swimming in the pool or ocean until your sutures are removed.
8. Driving is permitted on post-op day #5, if you are off narcotic pain medicine.
9. Keep your leg elevated with a pillow under your calf, NOT under the knee.
10. Please call the office to schedule a follow-up appointment for suture removal, 10-14 days post-operatively, if you do not already have an appointment scheduled.
11. If you develop a fever (101.5), redness or drainage from the surgical incision site, please call our office to arrange for an evaluation.
12. You may experience some low back pain due to muscle spasm from the epidural anesthesia or traction. If so, apply heating pad to area and take an analgesic if you have not already done so.
13. Wear the brace the brace at all times including sleep, except: when in the CPM (motion machine), when in the gameready/ cold compression device, when using the toilet, when driving.
14.Your thigh will be swollen from the arthroscopy fluid for the first 2-3 days, this is normal and will resolve on its own.

15. If you experience constipation, this is normal, drink lots of water/ Gatorade, avoid soda and diet drinks. Eat plenty of green leafy vegetables, whole grains, prunes. You may take a stool softener: Colace 100mg twice a day for the first week. For severe constipation use magnesium citrate one 8oz bottle, all can be bought at the pharmacy.
17. You may return to work or school as soon as the pain is tolerable (2-3 days), as long as you keep using the crutches, brace, and go to physical therapy.

16. Enclosed are prescriptions for you to use post-operatively.
Anti-inflamatory: (you will be on this for three weeks)
Mobic 15mg I tab once a day OR
Voltaren 75mg 1 tab 2 times a day OR
EC-Naprosyn 500mg 1 tab 2 times a day OR
Indocin 25mg tab 3 times a day
Take 1st dose evening of surgery (anti-inflammatory)

AND the second prescription, one of the following:

Dilaudid 2mg 1-2 tablets as needed every 4-6 hours (pain medicine) OR
Percocet 1-2 tablets as needed every 4-6 hours OR
Vicodin 1-2 tablets tablets as needed every 4 to 6 hours

If you had a partial Psoas release, you will also receive this prescription for muscle spasms:

Zanaflex 4mg 1 tablet as needed every 6-8 hours; may increase to 2 tablets every 6-8 hours for severe spasms.

If you are prone to nausea you will be given an anti-nausea medication:

Zofran ODT 8mg every 8 hours.

If you have any questions, please feel free to call our office.
If you have any difficulty using anti-inflammatory medications or aspirin, or have a history of ulcer disease, please let us know.

Rehab:

□WB Status :	Foot Flat with 20 lb, of pressure. Duration_____(average is 6weeks)
□CPM	Start 30 – 70 degrees, Increase as tolerated 0 – 90 degrees. DO NOT USE AT NIGHT. Duration_____.
□Sleeping	Boots or Ace Wrap feet when sleeping for _____weeks (average: 2-4 weeks) *this prevents the foot from rotating to the side and putting stress on the repair.
□ Brace	Daytime use: Set at 0 - 90' of hip flexion

Duration_____.

□ Stationary Bicycle: Immediate Post-op, 1 - 2 times / day x 15 - 20 minutes
*Avoid pinching in front of hip by setting seat high

□Pool Exercises: Begin P.O. Day #14 or as soon as sutures are removed and wound is healed.
May use Op-Site or similar water proof product for wound coverage.

□Range of Motion Per protocol precautions
Exam stool internal rotation - Day 3 (may push early IR within pain limits)
Exam stool external rotation - Day 7 (**limit to 30 degrees ER**)
2-3 sets x 12- 15 reps
Quadriceps Rocking - Day 7
AROM - Within limits of brace or as tolerated if no brace is worn
PROM Within available pain free limits after brace is removed

□ Strength
Quad sets / Ankle pumps - Day 1
Isometrics in neutral Day 7 ("within painful limits)
Bridges - Day 7 - 10
Isotonic weight equipment Day 14
*Except for leg press begin at 6 weeks
*Shuttle/ Pilates begin at 3 -4 weeks dependent on WB
Instant Replay (*per WB precautions)
2 Feet day 21
1 Foot day 28-42
'
Trunk Strength
*Transverse Abdominus
*Side Supports
Trunk and Low Back stabilization as tolerated

□ Function
No straight leg raises for four weeks
May begin pool walking in chest high water
Avoid antalgic gait
Be aware of weakness of Gluteus Medius, Side Supports, and Transverse Abdominus strength in sagittal, coronal, and transverse planes.

□Balance As soon as weight bearing is permitted begin working on both double and single leg balance with eyes open and eyes closed
10 reps x 5 seconds is a good place to start

General Considerations:

- Typically requires 3 months of supervised therapy
- **Month 1: Tissue Healing Phase (1 x per week)**
  - Goals: Pain Control
    - Decrease tissue inflammation
    - Decrease swelling
    - Maintenance of motion (flexion 0 - 90"; IR as tolerated; ER 0 - 30')
- **Month 2: Early Functional Recovery (2 x per week)**
  - Goals: Full PROM
    - Progress to full AROM
    - Early Strength Gains
    - AVOID FLEXOR TENDONITIS AND ABDUCTOR TENDONITIS!!!

- **Month 3: Late Functional Recovery (3 x per week)**
    - Goals: Advance strength gains - focus on abductor and hip flexor strength.
        - Balance and proprioception.
        - Continue to monitor for development of tendonitis.
        - Progress to sport specific activity in months 4 and 5 depending on strength.
        - Do not progress to running until abductor strength is equal to contralateral side.
        - Progression to sport specific activities requires full strength return and muscle coordination.

Caution

- Avoid anything which causes either anterior or lateral impingement.
- Be aware of Low Back of SI Joint Dysfunction.
- Pay close attention for the onset of Flexor Tendonitis and Abductor Tendonitis.
- Patients with preoperative weakness in proximal hip musculature are at increased risk for postoperative tendonitis.
- Modification of activity with focus on decreasing inflammation takes precedent if tendonitis occurs. This is not uncommon within the first 3 months of tx.
- Athletes or Work Condition individuals may be progressed faster unless microfracture or osteochondroplasty procedures have been performed.