



HIP ARTHROSCOPY PROTOCOL

UK HealthCare Center for Hip Preservation



DEPARTMENT OF ORTHOPEDIC SURGERY
125 East Maxwell, Suite 201, Lexington, KY, 40508

Post-op Guidelines and Instructions:

GOALS	<ul style="list-style-type: none"> • Protect Labral Repair • Restore ROM within precautions • Restore neuromuscular control, reduce pain
PRECAUTIONS (For 4 weeks unless otherwise directed by Dr. Duncan.)	<ul style="list-style-type: none"> • Wear brace AT ALL TIMES for 4 weeks per Dr. Duncan's instructions <ul style="list-style-type: none"> ❖ May remove brace for sleep at week 2 • No flexion past 90 degrees for 4 weeks • No passive hip extension for 4 weeks • Limit internal and external rotation to approximately 10-15 degrees <ul style="list-style-type: none"> ❖ Progress per patient tolerance, but no greater than 15 degrees • Avoid sleeping on operated hip • Avoid pivoting under loaded conditions • Use crutches as needed (unless micro-fracture dictates longer duration)
CONTRAINDICATIONS	<ul style="list-style-type: none"> • DO NOT PUSH THROUGH PAIN! • NO straight leg raises in flexion for 6 weeks • Absolutely no running, sports, or impact activities until released by Dr. Duncan, typically may resume at 12-14 weeks post-op. • Do not perform elliptical, out-door cycling until 6-7 weeks post-op • Do no push range of motion into painful range • Do not drive until released by Dr. Duncan if surgery is on right hip
WOUND CARE	<ul style="list-style-type: none"> • Remove the large outer bandage on post-op day 2 <ul style="list-style-type: none"> ❖ DO NOT REMOVE tegaderm/clear bandage and gauze until POD 5 • Do not place bacitracin or other creams and ointments over the surgical incisions • Showering on post-op day 3, keep tegaderm in place <ul style="list-style-type: none"> ❖ Pat incisions dry, do not rub or soak incisions until they are healed • Leave Steri-Strips in place until they fall off after your sutures have been removed at your post-op visit
MEDICATIONS	<ul style="list-style-type: none"> • You will be prescribed the following medications: Naproxen, Omeprazole, Aspirin, Phenergan, Percocet, Tramadol, Use as directed • Within this protocol, we have provided an Excel Chart so that you may chart your medications to keep track. We highly recommend this tool • Dr. Duncan also prescribes Doxycycline in an effort to reduce your risk for chondrolabral-adhesions, this is taken for 1 week only • You may use Tylenol as needed for pain control once you have stopped using the stronger pain medications (4000mg is max dose per day)
THERAPY/REHAB	<ul style="list-style-type: none"> • You may start therapy POD 2 or 3 • You should ice/elevate leg 3-4X a day for 20-30 minutes • Set up your appointment and attempt to find a therapist familiar with orthopedic and sports rehab, and use this protocol • In place of the CPM Machine, you may use an up-right stationary bike for 1-2 hours per day on minimal resistance • Follow recommended exercises within this protocol, and those provided by your physical therapist

SUGGESTED EXERCISES PHASE 1 (weeks 1-4)

Exercises	Frequency/Repetitions
Quad sets, glut sets, ankle pumps (and other light isometrics)	2-3X per day, 10-15 reps
Heel Slides, AAROM, AROM in all planes within patient tolerance	3X per day, 10 reps *Note motion restrictions above*
Hamstring Stretching (90/90 position)	2X per day, 3-4 reps for 30 seconds each rep
Mini-Bridge (avoid terminal extension/hyperextension at the hip)	2X per day, 20-30 reps, 60 reps total per day
Quadruped Rocking (within patient comfort level)	2X per day, 10-15 reps with 3-5 second holds
Prone on Elbows (for anterior hip mobility)	3X per day, 3-5 minutes for total of 10-15 minutes per day
Prone Pendulum (light rotation within 10-15 deg. restriction)	2X per day, 10-15 reps
Core Stabilization (begin with supine TA Activation, progress to standing core stabilization)	3X per day, 10-15 reps
Proprioception and Balance Activities (at discretion of therapist, start with double leg progress to single leg)	3X per day, 10-15 reps of 10-20 seconds, progress patient using both stable and unstable surfaces
Gait Training (Cue to lift heel after mid-stance phase) May use Alter-G if available	Recommend Alter-G treadmill at 60-75% BW Train patient in clinic as needed
Manual Therapy	Frequency
Light distraction mobilization Grades 1-3	As needed for pain relief
Iliopsoas release (performed after incisions are healed)	As needed for pain relief
Modalities	Frequency
Game Ready (Ice pack)	3-4 X per day for 20 minutes, especially for the first 2-4 weeks

*****Note: All recommendations of this protocol are at the treating clinician and therapist discretion.
Protocol should not be used as a replacement for responsible clinical judgement and patient tolerance.**

SUGGESTED EXERCISES PHASE 2 (weeks 5-8)

Exercise	Frequency/Repetitions
Gluteal Strengthening (Clamshells/Hip abduction)	3X per day 15 reps
Bridging progression (As patient tolerates)	3X per day 15 reps
Single Leg Balance (progress to unstable surfaces)	Recommend this be time-based (ex: 10-15 seconds X10 reps, then build up)
Leg Press, Mini Squat to 90/90 position (avoid pinching pain/adjust weight PRN)	3X per day 15 reps
Core Stabilization (mini-side bridge, planks as able, SLR as tolerated at 6 weeks)	3X per day 15 reps, may also use time-based strategy (ex: 20 second X 3-5 reps)
Hip Mobility/Flexibility (Quad stretch/Hip flexor stretching/Bent knee fallout)	20-30 seconds X 5 reps per stretch.
May start some cable weights at week 6-7 (hip abduction, hip extension)	3X per day 15 reps each direction
Manual Therapy	Frequency
Light distraction mobilization (discontinue per patient)	As needed for pain relief
Soft tissue mobilization (anterior hip and lateral hip region PRN)	As needed for pain relief
Modalities/Other	Frequency
Ice/Game Ready	As needed, post-exercise (20-30 minutes)
Alter-G Treadmill Walk/Elliptical (Start elliptical at 6-7 weeks)	3X per week, for elliptical start with light resistance (approximately 15-20 minutes per session)

*** Exercises above are examples, during this phase, it is okay to begin closed-chain strength and supplement with open chain exercises as well. In general, exercises in this phase should be mild-moderately challenging.

SUGGESTED EXERCISES PHASE 3 (weeks 9-12)

Exercise	Frequency
Glut/Quad/Hamstring CKC Strength (Front squat, mini-dead-lift, single leg deadlift and squat)	3 sets, 12-15 reps, adjust per athletic demands
Core Stabilization (Progress planks, bird-dog progression)	Time based strategy as mentioned above
Y-Balance Test/Other Balance Assessment	Use as baseline to progress balance training (ex: single leg bosu balance or double leg bosu squat)
Lunges/Rotational Trunk and LE strengthening (Theraband IR/ER in seated)	3 sets, 15-20 reps, adjust per athletic demands
Advanced proprioception (single leg, unstable surface, eye/hand coordination)	Recommend initiating sport type balance exercises toward 11-12 week mark, Frequency may be adjusted per athlete demands
Begin Plyometric Program (side shuffle, ladder drills)	2-3 sets of ladder drill, (approximately 30 feet in distance), promote foot speed, and foot contacts during this phase.
Hip Mobility (Continue as needed)	20-30 seconds X5 reps, may progress to multi-direction hip mobility.

Modalities/Sports/Other	Frequency
Ice/Game Ready	As needed, post-exercise (20-30 minutes)
Alter-G Treadmill Walk/Elliptical (Start elliptical at 6-7 weeks)	3X per week, for elliptical start with light resistance (start approximately 15-20 minutes per session)
Biking (may cycle outdoors week 6-8) Recommend building up to longer rides on gradual basis	2-4X per week, depending on fitness/training level

Walk to Jog/Run Program Outline: Week 12-16, use each line in table as a week in the program

Walk	Jog/Run	Reps	Total Time
4 minutes	2 minutes	5 reps	30 minutes
3-4 minutes	2 minutes	5-6 reps	30 minutes
2 minutes	4 minutes	5 reps	30 minutes
1 minute	5 minutes	5-6 reps	30-35 minutes

In last phase/week may progress toward 25-30 consecutive minutes of running and jogging per patient tolerance.

RETURN TO SPORT PHASE 4: (16 weeks or greater)

This phase should be discussed with Dr. Duncan, your physical therapist, and based on your symptoms. It will differ drastically depending on the sport.

General Guidelines:

- Progress slow, try to increase repetitions and amount of playing time by 10% each week.
- Pivoting and cutting should be progressed starting from about 50-60% effort/speed over 4 weeks.
- If pain re-occurs, stop and rest for 1-2 days, and return to previous progression/phase.
- Continue exercises from previous phase to help maintain core strength and stability approximately 2-3X per week.
- Ask Dr. Duncan and your medical team if there are any specific restrictions on contact sports.

Date:								
	Morning	Mid Morning	Lunch Time	Afternoon	Dinner Time	Evening	Bed Time	Other
Must Take or Do Daily:								
Doxycycline 100mg (1 tab BID x 1 week)								
Naproxen 500mg (1 tab BID x 4 wks) take with food								
Omeprazole 20mg (1 tab x 1 month)								
Aspirin 81 mg (1 tab BID x 4 wks) take with food								
Polar Care (as often as possible or 30 min QID)								
Stationary Bike or CPM (2hrs per day)								
Pain and PRN								
Senna-S, (1 tab prn)								
Ondansetron (1 tab every 6 hrs for nausea)								
Tylenol 500 mg (2 tabs every 6 hrs prn)								
Tramadol 50mg (1 tab very 8 hrs for pain)								
Oxycodone 5mg (1-2 tab every 4-6hrs if pain after Tramadol)								
Other MD Instructions:								

