



The Wellington Hospital

Hip Arthroscopy Rehabilitation Programme

The London Hip Arthroscopy Centre

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Post-operative Advice following Hip Arthroscopy

Following your operation, you will be seen by our in-patient physiotherapist who will explain your operation to you and advise you on your home exercises. Before you return home, you will be taught how to mobilise with elbow crutches safely as well as managing stairs. You will be self managing at home for the first 2 weeks following your discharge. It is important that you continue on with the exercise programme provided during this time.

WALKING AND MOBILITY

After your surgery you will be instructed by your physiotherapist to partial weight bear through the operated limb for up to 6 weeks as advised by your surgeon. Your physiotherapist will issue you with crutches if required, which you can purchase from the hospital.

Your physiotherapist will advise you on when you can progress to full weight bearing, which will be according to your surgeon's instructions. You should discard the crutches only when you are able to walk full weight bearing with no limp.

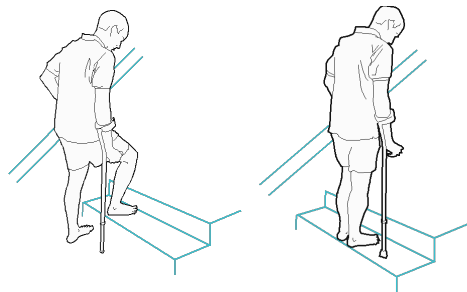
PAIN

The hip can be irritable during the first six weeks after the procedure. The nurse will issue you with painkillers to take home and explain the usage to you. It is advisable to use them as necessary to keep yourself as pain-free as possible. This will allow you to walk and exercise comfortably. Ice packs can also be used to help reduce pain and swelling. Note: do not apply ice directly to the skin. Wrap your ice pack in a towel first. Apply the ice pack to the affected area for 20 minutes. This can be repeated three times per day.

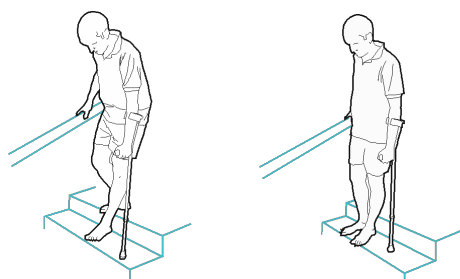
STAIRS

Always use the banister where possible.

Going Up As you go upstairs, hold the banister in one hand and your crutch in the other. Put your non-operated leg up first, then the operated leg onto the same step.



Going Down As you go downstairs, place your crutch in front of you first followed by your operated leg then non operated leg.



JOINT STIFFNESS

The arthroscopic procedure can inflame the joint for a short period of time afterwards. This is usually experienced as 'stiffness' and discomfort on movement. Your physiotherapy exercises are designed to combat this and minimise the duration of the restriction of movement. Your aim is to regain the full pain-free range of movement of the joint as soon as you can.

EXERCISES

Your physiotherapist will teach you some hip exercises while you are in the hospital. After discharge it is important to continue on with these exercises until you attend outpatient physiotherapy to maximise your hip strength and movement. Hydrotherapy can be used for rehabilitation after the wound is healed.

REST

It is advisable to limit the amount of walking to a minimum for the first 4 days post-operatively, and then gradually increase daily as tolerated. As well as walking and doing your exercises, it is also important that you rest your leg. Your activities should be gradually increased, keeping in mind that the hip can be irritable for the first 6 weeks. Use pain and swelling as a guide of how much rest your hip needs. You are not allowed to do any high impact sport or activities for 6 weeks following your operation. This includes running and jumping. If you have had micro fracturing, running is not to be commenced until 13 weeks post surgery.

WOUND CARE

Your nurse will advise you regarding wound care and dressings required. It is very important to keep the wound DRY until the wound has healed. This is a route for micro-organisms to enter the joint and cause an infection, and every precaution is taken to prevent this from happening. It is advisable that you shower for the first two weeks post-operatively and do not have an immersion bath.

WOUND OOZE

A small amount of old blood can leak from the wounds and stain the dressing. This is quite routine and nothing to be alarmed about. Any bleeding that is more extensive must be reported to the consultant or to the ward immediately.

DRIVING

Driving is at the discretion of your consultant. This is generally one to two weeks following your surgery, as long as this does not cause any pain or discomfort and you are not taking strong medication.

OUTPATIENT PHYSIOTHERAPY

It is extremely important that you continue with outpatient physiotherapy after your discharge. This should be started following your follow-up visit with your consultant or after 2 weeks from following your home exercise programme. This is important in order for you to progress further with your rehabilitation programme. A list of local physiotherapists can be found using the following website www.physiofirst.org.uk

Hip Arthroscopy Exercise Programme

WEEK 1

ISOMETRIC EXERCISES

The following exercises can be done lying down on your back. Try to do the exercises twice per day. Repeat each exercise 20 times.

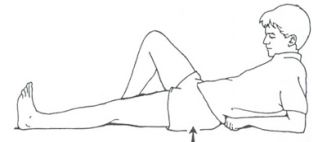
Ankle pumps - Pump your ankles up and down for at least 20 repetitions, 2 times a day.



Quads sets – push your knees into the bed by tightening your thigh muscle – hold for 5 seconds.



Gluteal sets - tighten your buttock muscles – hold for 5 seconds



Transversus Abdominus - Draw belly button in towards spine without moving pelvis/spine – hold while taking 5 breaths.



Hip abduction - Lying on your back with hip and knees bent, place a belt around your thighs near your knees and push out against the belt – hold 5 seconds

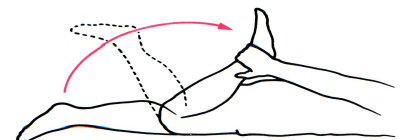
STRETCHING EXERCISES

Do these exercises twice per day. Hold each stretch for 20 seconds and repeat 5 times. Fully relax in-between each stretch.

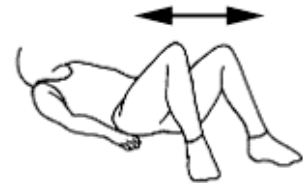
Piriformis stretch - Lie on your back. Move your operated hip up toward your chest (50-70°) and across your trunk so you feel a comfortable stretch in the buttock avoiding a pinch in groin.



Quadriceps stretch - Lie on your stomach with your hips flat on the bed. Bring your ankle toward buttock, feeling stretch in the front of the thigh. If it is too painful to lie on your front, you can do this stretch in standing with your ankle rested on a chair behind you.



Adductor stretch – Lying with your knees bent, slowly move the knees out to the side so you feel a stretch on the inner thigh area. Do the stretch as comfort allows and feel the stretch on the inside of the thigh.



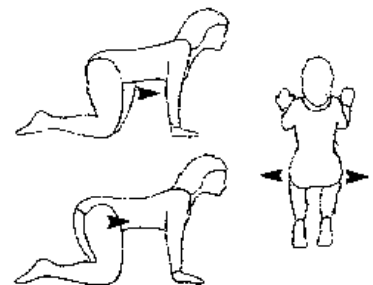
Stationary bike with high seat and no resistance.

As soon as you are comfortable, you will be allowed to use a stationary bike for approximately 20 minutes, twice a day. Gradually increase the time by 5 minutes after 3-4 days until you have reached a maximum of 45 minutes twice a day. No resistance should be added until week 5-6.

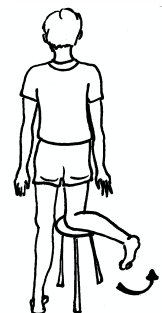
WEEK 2:

You should continue all your week 1 exercises and add in these (3 sets, 20 repetitions, once a day):

Quadruped rocking: On your hands and knees shift your body weight forward on your arms, and then back onto your legs. Also shift your weight side to side and in diagonal directions.



Standing hip Internal rotation: Place knee of the operated leg on a chair. Rotate the hip by moving your foot outward from the body. Progress this exercise by kneeling on the chair with a theraband around the ankles, moving your feet outwards. This will strengthen the deep rotators of the hip.



Heel slides with strap (progress to no strap)

Lying on your back, place a strap around your foot and pull your heel towards you keeping your heel on the bed. Ensure your tummy muscles are pulled in. Progress by doing this exercise without the use of the strap.



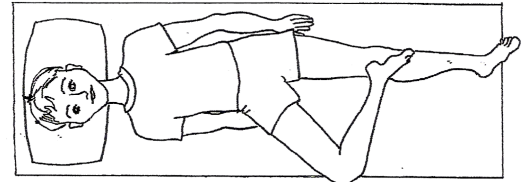
WEEK 3 – 4 (Commence Outpatient Physiotherapy)

Gait re-education – You will be guided by your physiotherapist

Range of movement exercises and stretches- A continuation of week 1 – 2 exercises is expected, your physiotherapist will progress these as required.

FABER - lying on your back bring the involved leg across the opposite knee. Gently lower the bent knee. You may need to start with your ankle resting on the shin or inside of the leg. It is normal to feel some hip discomfort underneath the thigh.

Do not push on your knee!



Calf, hamstring and iliotibial band – you will be guided by your physiotherapist.

GYM WORK

If appropriate your physiotherapist will take you to the gym to commence a *Low impact regime*, such as:

Bike - no resistance but increase time aiming for 45 minutes, twice a day.

Leg press - low weights and repetitions.

Cross trainer - minimal resistance and time as tolerated.

Swiss ball - work on the gym ball appropriate to your rehabilitation.

CORE STABILITY

Your physiotherapist will advise you about basic core stability exercises. These should be practised on a daily basis and will be progressed as required.

HYDROTHERAPY

Hydrotherapy commences at about 4 weeks following surgery. If your physiotherapist decides to start hydrotherapy earlier, your wound must be fully healed. A graded exercise programme can be devised by your physiotherapist to enable you to carry out these exercises at your local pool.

WEEK 5 – 6

Continuation of Week 1-2 and Week 3-4 is required. The following may now be added.

GYM WORK

Again your physiotherapist will progress your gym regime within your capabilities. This will include increasing the resistance on the BIKE – this is a gradual process on the static bike but the time may need to be decreased from 45 minutes to 20 minutes.

BALANCE WORK

This will now be incorporated into your exercise programme to include the wobble board and trampette.

CORE STABILITY WORK

Your progressions will be explained and shown to you.

HOME EXERCISE PROGRAMME

Depending on areas that need treatment your physiotherapist may add:

- Lunges
- Lateral side steps
- Knee bends
- Fartlek (jog-walk) programme

WEEK 7 ONWARDS

Week 1 – 2 exercises can now be stopped. But continuation of Week 3 - 4 and Week 5 – 6 is required.

HYDROTHERAPY

Your physiotherapist may progress your hydrotherapy exercises.

RUNNING

You may now start a running programme to include forwards, backwards and side to side.

IF YOU HAVE HAD A MICROFRACTURE RUNNING IS NOT TO BE COMMENCED UNTIL 13 WEEKS POST SURGERY.

SPORTS SPECIFIC EXERCISE

These will be tailored to an individual programme designed for your needs.

If you have any questions or concerns about your treatment please do not hesitate to contact the Inpatient physiotherapy team on 0207 483 5197 or Professor Schilders's secretary on 0207 483 5589.