

Hip Arthroscopy booklet

What is the purpose of this leaflet?

The purpose of this leaflet is to provide information to patients regarding physiotherapy following hip arthroscopy surgery.

What is hip arthroscopy surgery?

Hip arthroscopy is surgery that is performed by making small cuts around your hip and looking inside using a small camera, known as an arthroscope. Other medical instruments may also be inserted to examine or treat your hip joint. This is usually done as a day case procedure, which may allow you to go home after you have recovered from the anaesthetic.

The following hip surgeries can be performed via hip arthroscopy:

- Labral debridement (chondrolabral sealing/chondroplasty)
- Labral repair
- Microfracture
- Gluteus medius repair
- ITB release
- Iliopsoas release
- Loose body removal
- Removal of impingement lesion/ reshaping of femoral head (ball) or socket (acetabulum)

It is important to know which procedure(s) have been performed as different post-operative precautions and limitations exist for each of the procedures above.

For example; the length of time you will need to use crutches after your operation will be different depending upon which procedure(s) have been performed.

What will I expect after my operation?

You will need to use elbow crutches when walking after your operation. You will be partial weight bearing using the crutches, unless instructed otherwise by your consultant. Weight bearing through the operated leg is limited initially due to post-operative pain and to allow healing to occur. You should continue to use your elbow crutches until you are otherwise instructed by your physiotherapist or consultant. You will need to walk either partial weight bearing (PWB) or toe touch weight bearing (TTWB) depending upon the type of surgery performed. This will be for a **minimum** of 2 weeks, but crutch use may be required until 8 weeks following your surgery. Below shows a guide regarding the use of your crutches, however please note that this may vary between individuals at the instruction of your consultant.

Variations within elbow crutch use:

- **Labral debridement/chondrolabral sealing/chondroplasty:**

Partial weight-bearing (PWB) with crutches for 2 weeks.

- **Labral repair:**

PWB with crutches for 4 weeks, progressing to full weight bearing as tolerated by 6 weeks.

- **Microfractur :**

Toe touch weight-bearing (TTWB) with crutches for 6 weeks, then PWB with crutches from 6-8 weeks, progressing to FWB by 8 weeks.

- **ITB release:**

PWB with crutches for 4 weeks.

- **Gluteus medius repair:**

PWB with crutches for 6 weeks.

- **Iliopsoas release:**

PWB with crutches for 3-4 weeks, progression to FWB by 6 weeks.

****If you are unsure please ask your consultant or physiotherapist to clarify this.****

Will I see a physiotherapist after my operation?

You will be referred for outpatient physiotherapy following your operation. This will be organised for around 2 weeks after your operation date. If you do not have a physiotherapy appointment arranged for you before you are discharged from hospital you will be contacted by telephone/post regarding this. If you do not hear from a physiotherapy department within 7 – 10 days after your surgery then please contact the hospital where you had your operation.

What do I do before my physiotherapy appointment?

It is very important to restrict your activity for the first week after your operation. Always use your 2 elbow crutches when walking and avoid walking unnecessarily, until instructed otherwise by your physiotherapist or consultant.

Once you return home you should be performing the exercises contained within this booklet. You should only move the hip within pain limits. Certain hip movements may be restricted depending upon which type(s) of operation procedure(s) have been performed. Excessive hip flexion movements must specifically be avoided (i.e. bringing your knee too far towards your chest). You should also avoid performing a straight leg raise movement (i.e. lifting your foot from the ground/bed whilst the knee is straight) until instructed by your physiotherapist. This is to prevent unnecessarily aggravating your hip.

What are the benefits of attending physiotherapy for rehabilitation?

In order for your surgery to be successful you will be expected to undertake appropriate hip exercises. Your physiotherapist will advise you regarding these exercises and at what time you should progress to these. Your consultant/physiotherapist will also inform you when you can progress the amount of weight bearing through your operated leg and when you can be progressed from using 2 elbow crutches. The timescale for these aspects will depend upon which procedure(s) have been performed during the surgery and your ability to meet set treatment goals. Your physiotherapist will also advise you on when you can safely return to certain activities, including work and sports.

What will my rehabilitation involve?

You will be referred for a one to one initial physiotherapy assessment approximately 2 weeks following your surgery. You will be progressed regarding your hip exercises and elbow crutches use, as is appropriate for your type of operation and your length of time following surgery. Rehabilitation is divided into different phases. Your physiotherapist will guide you on appropriate exercises and when you are able to progress through the different phases. You may also be offered the opportunity of attending for gym-based rehabilitation sessions/classes depending upon the provision of your local hospital.

What are the risks if I don't participate in my rehabilitation?

In the early stages if you do not partake in rehabilitation you may be performing movements or activities that are not safe for your stage following surgery, i.e. contraindicated activities. This may compromise the success of your surgery, increase the pain you experience or delay the rate of your functional progress. In the longer term, failure to partake in rehabilitation may also result in your lack of ability to successfully return to certain work or sporting activities due to insufficient strength, range of movement or co-ordination/balance.

When can I drive?

You are recommended not to drive for 2-4 weeks. You must be able to safely perform an emergency stop before attempting to drive. It is also recommended that you inform your insurance company of your operation before returning to driving.

When can I return to work?

Return to work will depend upon the nature of your work. If you have a job that involves only sitting you may be able to return to work after 4-6 weeks. If you have a more active or manual job you will be expected to be off work for longer than this. The length of time before returning to work will depend upon the findings of your arthroscopy and the exact nature of your work.

When can I return to sport?

Return to sport will depend upon many factors, these include:

- The type of surgery that has been performed.
- Your consultant's instructions/guidance.
- The opinion of your physiotherapist following assessment and functional testing.
- Your commitment to your rehabilitation.

Return to sport will depend heavily upon the nature of the sport in question and also your level of function at this time. Regardless of which activity or sport you participate in, your return should be gradual and begin in a non-competitive environment.

Exercises to complete following your hip arthroscopy:

These exercises should be completed in the immediate period following your surgery and continued prior to attending your first physiotherapy appointment (see below).

1.

PLANTAR-FLEXION



DORSI-FLEXION



1. Circulatory Exercise (Plantar-flexion/Dorsi-flexion):

In lying, with your leg straight, firstly point your toes forwards (plantar-flexion), hold briefly, and then pull your toes back towards you (dorsi-flexion), again holding briefly.

Keep your heel on the bed throughout.

Repeat 15-20 times, perform 3-4 times per day.

2.

STATIC QUADS



2. Static Quads:

Pull your foot up towards you and push your knee straight by tightening the muscles on top of the thigh (the quads).

Hold for 5-8 seconds, repeat 10-15 times, perform 3-4 times per day.

3.

STATIC GLUTES



3. Static Glutes:

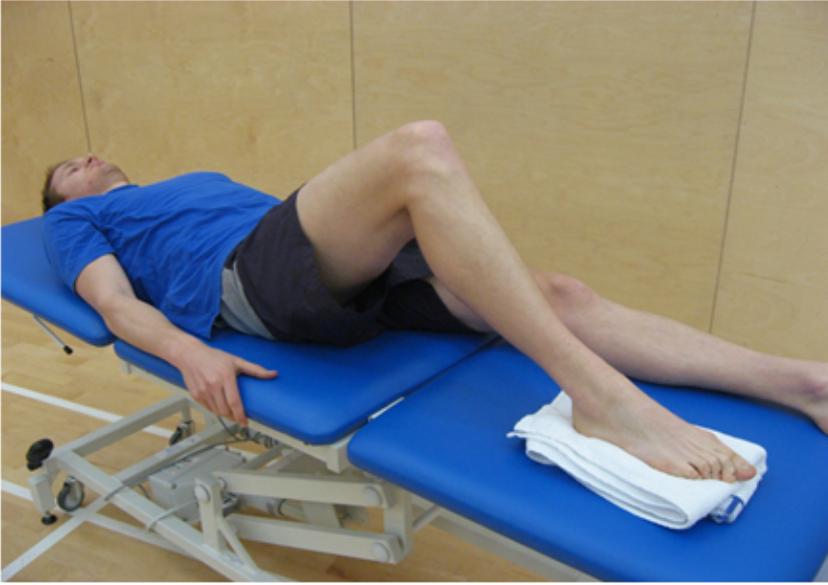
Lie flat on your stomach (as shown in picture) with your head resting on your hands. Tighten your bottom muscles (the glutes).

Hold for 5-8 seconds, repeat 10-15 times, perform 3-4 times per day.

(Note: this exercise can also be performed lying on your back, or in a reclined sitting position).

4.

HIP FLEXION



4. Hip Flexion:

Bend the hip by sliding your heel towards your bottom, your heel can be placed on a towel as picture shows, placed on a tray (or equivalent) to allow it to slide easier. **DO NOT** move the hip beyond 90 degrees (right angle) or force the movement into a painful position.

Repeat 5-10 times, perform 2-4 times per day.

Note:

The number of exercises performed and the frequency of exercise sessions per day, are for guidance only. Please consult with your local physiotherapy department if you are having any difficulties with these exercises prior to your initial (post-operative) physiotherapy appointment.

Thank you.