



THE ORTHOPEDIC PARTNERS
AN RCM CLINIC
PARK CITY • HEBER CITY • SALT LAKE CITY

POSTOPERATIVE DISCHARGE INSTRUCTIONS

Hip Arthroscopy with Labral Repair

Garrett C. Davis, M.D.

Diet:

1. Begin with liquids and light foods (jellos, soups, etc.).
2. Progress to your normal diet if you are not nauseated.

Medications:

1. Strong oral pain medication has been prescribed for the first few days. Use only as directed. Do not combine with alcoholic beverages.
2. When taking pain medication, be careful as you walk, drive, or climb stairs. Mild dizziness is a typical side effect. Do not take medications that have not been prescribed by your physicians.
3. If constipation becomes a problem, try over the counter Colace, Senna or Miralax. If you need more help, we recommend Milk of Magnesia.
4. You have been placed on Aspirin 81 mg 2 x daily for DVT prophylaxis. Take as prescribed

For 24 Hours Following Surgery:

1. You must be in the care of a responsible adult.
2. Do not drive or operate machinery until instructed by your physician.
3. Do not make important personal or business decisions or sign legal documents.
4. Do not drink alcoholic beverages.

Activities:

1. Please see attached instructions for specifics:
2. Lie on stomach 2 or more hours/day.
3. Returning to work depends on your type of employment; you will need to discuss this with your doctor at your follow-up appointment.
4. Apply ice as frequently as every 2-3 hours, for 20-30 minutes (no more than 30 minutes).

Exercises: (please see accompanying page)

1. You should begin Physical Therapy in the next 1-2 days.

Weight Bearing:

1. Toe touch weight bearing.
2. Assistive devices are mandatory for the next 3-4 weeks.

Wound Care:

1. You may remove your dressing 5 days from the time of surgery Cover incisions with band aids .
2. No soaking in water such as hot tubs, baths, swimming pools, etc for three weeks.
3. You sutures will be removed in 12-14 days (at your follow-up appointment).

Call your physician if any of the following are present:

- Increase swelling or numbness
- Unrelenting pain
- Fever or chills
- Redness around incisions
- Color change in foot, ankle, or toes
- Continuous drainage or bleeding from incisions (a small amount of drainage is expected)
- If you experience any shortness of breath, difficulty breathing, chest pressure, and/or pain, GO TO THE EMERGENCY DEPARTMENT for further evaluation.

Follow-up Care: Your discharge paperwork will have your post-op appointment, if the time does not work please contact the office. Please call with any questions or concerns 435-655-6600 or 435-657-3640.

These discharge instructions have been explained to the patient/significant other. I acknowledge that I understand these instructions and I have no further questions. A copy has been given to the patient/significant other.

Date

Significant other

Physician/Nurse signature

Patient's signature





ROSENBERG COOLEY METCALF
THE ORTHOPEDIC CLINIC AT PARK CITY

POSTOPERATIVE PROTOCOL

**Hip Arthroscopy –
Labral Repair, Chondroplasty, Acetabuloplasty**

Garrett C. Davis, M.D.

Phase I:

Maximum Protection (Weeks 0 to 3)

- Toe Touch Weight Bearing x 3 weeks
- Lie on stomach 2 or more hours/day

ROM Restrictions x 3 weeks

- Flexion 0°-90° x 2 weeks and progressing to 120° by week 3
- Extension 0°
- External rotation 0°
- Internal rotation - no limits, work for full range
- Abduction 0°-45°

Exercise progression POD 1-7

- Stationary bike with no resistance: Immediately as tolerated
- Glute, quadriceps, hamstring isometrics, abduction, adduction (2x/day): Immediately as tolerated
- Hip PROM (2x/day) flexion, abd. and IR supine at 90° and prone
- Hip circumduction

Exercise progression POD 8-14

- Hip isometrics IR/ER (2x/day)
- Initiate basic core: pelvic tilting, TVA and breathing re-education
- Quadruped rocking **beginning POD 14**

Exercise progression POD 15-21

- Standing abduction/adduction-Full Weight Bearing on uninvolved side only

Criteria for Progression to Phase 2:

- **Mobility within limitations**
- **Early restoration of neuromuscular control**
- **Normal patellar mobility**

Phase II:

Progressive Stretching and Early Strengthening (Weeks 3 to 6)

Goals

- Wean off crutches (over 7-10 days)
- Normal gait
- Normal single limb stance
- Full ROM
- Improve LE muscle activation, strength and endurance

Manual Therapy:

- Scar mobilization
- STM to quad, ITB, hip flexors, glutes, hip adductors/abductors/rotators
- Continue work on ROM (FABER, flexion, abduction, IR, ER)

Exercise progression (as tolerated)

- Bridging double and single
- Supine dead bug series
- Core 6 program
- Side lying hip abduction
- Quadruped hip extension series
- Standing open and closed chain multi-plane hip
- Standing internal/external rotation strengthening (use stool)
- Step-up progression
- Squat progression
- Heel raises
- Stationary biking
- Deep water pool program when incisions are completely healed
 - Water walking at 3 weeks
 - Dolphin or flutter kicks at 6 weeks
 - No whip kicks for 8 weeks
- Stretching: quadriceps, piriformis and hamstrings

Criteria for Progression to Phase 3:

- **Hip abduction strength 4/5**
- **Flexion, ER and IR ROM within normal limits**
- **50% FABER ROM compared to uninvolved side**
- **Normal Gait**
- **No Trendelenburg with Single Leg Stance/descending stairs**
- **Normal bilateral squat**

Phase III:

Advanced Strengthening and Endurance Training (Weeks 6 to 12)

Manual Therapy

- Continue soft tissue mobilization as needed particularly glutes, adductors, hip flexors, abductors
- Gentle joint mobilizations as needed for patients lacking ER or FABER ROM
- May begin trigger point dry needling for glutes, quads, adductors NO HIP FLEXOR TDN until Week 8.
- Assess FMA and begin to address movement dysfunctions

Exercise progression

- Continue with muscle activation series (quadruped or straight leg series)
- Introduce movement series to increase proprioception, balance, and functional flexibility
- Progress core program as appropriate
- Advanced glute and posterior chain strengthening
- Leg press and leg curl
- Squat progression (double to single leg- add load as tolerated)
- Lunge progression
- Step-up Progression
- Walking program
- Outdoor biking- week 6
- Swimming- no breast stroke kick-week 8
- Shallow water pool running program-week 6

Criteria for progression to phase 4:

- **12 weeks post-op**
- **Hip abduction and extension strength 5/5**
- **Single Leg Squat symmetrical with uninvolved side**
- **Full ROM**
- **No Impingement with ROM**

Phase IV:

Return to Sport Program (Weeks 12-20)

May begin elliptical and stair climber at 12 weeks

Exercise progression

- Maintain muscle activation series, trunk, hip and lower extremity strength and flexibility program
- Introduce and progress plyometric program
- Begin ladder drills and multidirectional movement
- Begin Interval running program
- Field/court sports specific drills in controlled environment
- Pass sports test
- Non-contact drills and scrimmaging – must have passed sports test- refer to specific return to sport program
- Return to full activity – per physician and therapist

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