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CAPITAL PERFORMANCE SURGERY

REHABILITATION PROTOCOL

Hip arthroscopy +/- cam resection, labral procedure

Instructions for Physiotherapist:

EQUAL ICING AND REST/WORK RATIO IS IMPORTANT. SIGNIFICANT PAIN SHOULD NOT OCCUR WITH ANY ACTIVITY DURING REHAB WORK OR LAST LONGER AFTER REHAB. IF THIS OCCURS, MODIFICATION OR RE-EVALUATION NEEDS TO BE UNDERTAKEN.

Dressings and sutures:

- The dressings on your leg should be left in place and kept dry when showering for 3 days.
- After 3 days you can remove your dressings and shower normally but do NOT scrub the incisions.
- Apply Band-Aids over the incisions to keep them clean once the initial dressing has been removed.
- If sutures/staples were used, they will be removed at your first post-op visit (approx. 2 weeks post-op).
- Do NOT soak the leg (i.e. hot tub / bath, etc) until 2-4 weeks after your sutures are removed and the incisions are well healed.

Pain and swelling:

- Local anesthetic has been placed into your hip – this will wear off in 6-8 hours after surgery.
- You have been provided with a prescription for pain medications that when used together will provide the most effective pain relief after your surgery.
- Use an ice pack or cold therapy delivery system for 20 mins every hour while awake to help with pain and swelling.
- It is common to have some spotting through the dressings following surgery. Place an additional dressing over the area if this occurs.
- The incisions may continue to "leak" fluid after removal of the initial dressing – this is common and should not raise concern. Place an additional bandage or Band-Aids over the incisions to help them heal. Keep the incisions clean and dry.
- DO NOT apply any ointments or topical creams to the incisions until they are completely healed – this will risk the incisions becoming infected.
- When sitting or lying, keep your leg elevated with several pillows placed under the ankle (not the knee) to help decrease swelling and relieve pain.

Red flags:

- Complications after arthroscopic surgery are very rare but can occur. If you develop any of the following symptoms go to your nearest emergency department for assessment:
    - Increasing calf pain / swelling that does not improve with elevation and ice
    - Shortness of breath
    - Chest pain

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☐ Phase 1 (0-2 weeks)

Goals:

- Reduce postoperative pain and inflammation (GameReady vs. ice), keep incisions dry and clean, minimize neuromuscular inhibition, begin gait retraining, maintain ROM within restrictions
- Protected weight bearing with underarm crutches using a flat foot gait (limit body weight to about 25% through the operative leg).

Weight Bearing:

- Protected weight bearing with underarm crutches using a flat foot gait (limit body weight to about 25% through the operative leg)

Range of Motion:

- Pain free hip flexion to 90°
- Pain free hip extension from 0-10°
- Pain free hip external rotation up to 15°

Suggested Exercises:

- No ACTIVE and resisted hip flexion drills (limit to gait cycle only)
- No long leg traction
- No needling (acupuncture or dry needling techniques)
- Controlled passive hip circumduction (begin with short-lever)
- Active pelvic tilts (begin in supine)
- Quadruped position with sagittal-plane (forward and back) rocking
- Physiotherapist-supervised upright stationary cycling (begin with pendulum and progress to full revolution if pain free)

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Phase 2 (2-6 weeks)

Goals:

- Restore hip ROM, activation and conditioning of pelvic girdle musculature, normalize gait
- Pain free hip flexion beyond 90°
- No terminal/end-range stretching

Weight-Bearing:

- As tolerated – discontinue crutch use by 4-6 weeks

Range of Motion:

- Pain free hip flexion beyond 90°
- No terminal/end-range stretching

Suggested Exercises:

- Avoid clam shells
- No needling (acupuncture or dry needling techniques)
- Pain free hip ROM in uniplanar motion
- Balance & Proprioceptive retraining: weight shifting (facilitate effective load transfer) onto surgical leg in quadruped → high-kneeling → standing positions
- Continue gait retraining with assistive device and progress to reciprocal crutch pattern then wean crutches.
- Scar management and gentle massage around portals (avoid direct contact initially)
- Self-release techniques to pelvic girdle musculature.
- Restore hip motion and mechanics in the hip hinge → sit-to-stand → short-arc double leg squat positions (avoid anterior pinching)
- Core training (timing, coordination → relaxation vs. strengthening needs to be assessed)
- Rhythmic stabilization in prone with knee flexion
- Progress to short-lever resisted hip flexion throughout this phase
- Modalities: cryo-compression, e-stim, Anti-Gravity Treadmill

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☐ Phase 3 (6 weeks-4 months)

Goals:

- Progressive positioning of the hip hinge throughout functional drills
- Improve strengthening and endurance of pelvic girdle musculature
- Increase load tolerance throughout functional movements
- Active and active-assisted terminal stretches should not cause increased pain during/after treatment (specifically anterior capsule stretches)
- Avoid impingement & anterior hip pain with functional drills
- Avoid uncontrolled twisting/pivoting on surgical limb

Suggested Exercises:

- Avoid jumping and moderate-high intensity agility/plyometric drills
- No high velocity, low amplitude thrust techniques through the hip joint
- Avoid swim stroke progression until flutter kick is pain free
- Avoid full weight jogging until 12 weeks (Anti-Gravity machine permitted prior)
- Balance & Proprioceptive retraining: facilitate effective load transfer in single leg stance and challenge balance as tolerated
- Stationary biking permitted with progressive pain-free resistance (avoid aero/hip hyperflexed position)
- Progressions of the hip hinge into functional drills
- Progressing - Core training (timing, coordination → relaxation vs. strengthening needs to be assessed)
- Progress to long-lever resisted hip flexion throughout this phase (pain free)
- Loaded and functional deep hip stabilizers
- Begin bent-knee Copenhagen for adductor strengthening & conditioning following successful side plank

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☐ Phase 4 (4-6 months)

Goals:

- Return to play/work
- Progressive loading in any sport-specific drills to avoid symptom aggravation
- Appropriate recovery phases to RTP

Suggested Exercises:

- Continue with hip flexor progressions
- Continue with core progressions
- Continue with lateral hip stabilization progressions
- Progress proprioceptive exercises to unstable surfaces
- Progress the global hip strengthening and conditioning. Progress from single plane to multi-planar drills
- Low level plyometric drills
- Progress to higher level agility drills
- Build back capacity to RTP