



## Initial Postoperative Instructions

### Hip Arthroscopy

Dr. Mia S. Hagen

**Medication:** You will receive the following prescriptions:

- **Percocet** – this is a strong narcotic combined with Tylenol. The narcotic can have side effects such as constipation, nausea, vomiting, itchy rash, and it can make your head feel full/lightheaded/weird. Do not take with alcohol as it can put you at risk of liver damage. You can take 1-2 pills every 4 hours as needed for pain. You may also take Tylenol to supplement for pain relief but please keep track that **maximum dose of Tylenol/acetaminophen in 24 hours is 4000 mg.**
- **Diazepam** (Valium) – this is a muscle relaxant. You may take 1-2 tablets every 8 hours as needed for muscle spasms. **Do not take at the same time as Percocet** – allow 2-3 hours between these medications.
- **Naproxen** – this is an anti-inflammatory that also prevents build-up of scar bone (“heterotopic ossification”). You must take 500 mg twice daily with food for 3 weeks. Take this until the prescription is finished. Do not take this if you have a history of stomach ulcer disease, kidney disease, a bleeding disorder, or if you are taking blood thinning medications.
- **Colace** – this prevents constipation caused by Percocet. You can take this twice a day.
- **Zofran** – this is to prevent nausea/vomiting caused by Percocet. Also taking the Percocet with food can help. You can take one pill every 6 or 8 hours.
- If you experience itchiness you can take over-the-counter **Benadryl**. You can take one 25 mg tablet every 6 or 8 hours.
- If you are at an increased risk of blood clots you will likely receive a 2-week prescription of low-dose **Aspirin**, one pill taken daily.

### Dressing

- Leave the big surgical bandage and do not shower for 48 hours.
- You may remove your large surgical bandage after 48 hours.
  - It is normal to see old bloody soaked fluid on the bandage.
  - Leave the Steri-Strips (small white tapes) in place
  - Cover the incisions with a regular Band-Aid, **change this daily.**
  - **DO NOT APPLY LOTION OR OINTMENT TO INCISION**

- Shower: You may shower once the large dressing has been removed after 48 hours. Let the water run over the incisions (and the white tape). **Do not scrub the incisions.** Gently pat dry. Cover with a new Band-Aid before dressing.
- Your stitches will be removed around 1-2 weeks.
- Do not soak the incisions in a bath, hot tub, or pool until 1 week after the stitches are removed.
- You will be given knee-high compression stockings after surgery. These are to reduce the risk of blood clots. They also decrease swelling in your feet after surgery. You should wear these at all times for the first 2 weeks after surgery. You may take them off to sleep, shower, or to clean them (hand wash then air dry).

### **Icing/Ice Cooling Unit:**

- Icing will help a lot with pain
- Ice up to 20 minutes every hour. Use routinely for the first 2 days. Then you can taper to at least 3 times per day for 2 weeks, and then as needed after that.
- Do not put ice in direct contact with skin. If you have an ice cooling unit, do not place the pad in direct contact with skin.
- Do not wear ice or cooling unit when you are sleeping – it can burn your skin and lead to serious injury.

### **Activity**

- Rest as much as possible the first day or so after surgery.
- For the first 24 hours after surgery, You **MUST** have assistance when getting up or walking including using the bathroom
- Elevate your leg to help with pain and swelling
- **Weight Bearing:** flat foot touch down weight bearing with CRUTCHES until your first post-op visit. (Flat foot touch down weight bearing = foot in contact with ground, enough weight for balance, do not push off with the foot). Once you are “cleared” don’t rush to get off crutches; it takes each patient a different amount of time.
- **Brace for the first 2 weeks:**
  - The brace will hold the hip abducted (away from your body), and it will limit flexion (bending up of the hip) and extension (straightening of the hip)
  - Do not adjust the settings of the brace. It should be set at: 0° (extension), 70° (flexion), 10° (abduction), and neutral rotation.
  - Brace may be removed for showering, toilet, physical therapy, and to lay on your stomach.
- **Motion Restrictions** for the first 2 weeks:
  - The motion restrictions + brace prevent hip dislocation and allow your muscles to rest after surgery

- Place a blanket or pillow under your thigh when lying on your back
- No bending up of the hip (hip flexion) more than 90°
- No crossing your leg past your belly button (hip adduction)
- No turning your foot out to the side with your leg straight (hip extension + external rotation)
- No bringing your foot away from your body past shoulder width
- Exception: it is OK to sit on the toilet and put shoes on as tolerated; you may have to slouch or lean back.
- **Exercises for the first 2 weeks** (start the day after surgery):
  - **DO NOT STAY IN BED.** You are to be up walking as tolerated. We recommend at least 10 minutes of walking every hour while awake, and no more than 30 minutes of sitting at a time.
  - Perform **passive** hip circumduction while lying down: family/friend moves hip with your muscles completely relaxed, moves your leg in small circles clockwise and counter-clockwise, do not go past belly button or shoulder width. **150 reps three times per day.**
  - Perform **passive** hip flexion (bending): family/friend moves hip up and down 30-60 degrees with knee slightly bent. **150 reps 3 times/day.**
  - Lay on your stomach for 10-20 minutes with brace off. This will strengthen the muscles on the front of your hip. **7-8 times/day.**
  - Ankle Pumps: with leg straight, pump foot up and down. **20-30 reps 3 times/day.**
  - Gluteal sets: tighten buttock muscles for 5-second hold. **20-30 reps 3 times/day.**
  - Transverse abdominal sets: squeeze belly button toward spine without moving your pelvis for a 5-second hold. **20-30 reps 3 times/day.**

### Physical Therapy (PT)

- PT can start as soon as the day after surgery!
- If your surgery is on a Friday it is OK to wait until early the next week to start PT.
- Choose a PT clinic close to your home so you can easily attend the sessions.
- Please bring your “Post-Operative Hip Rehabilitation” guidelines to your PT (pages 6-9 of this packet).
- At your first PT visit, your PT should instruct you on proper weight bearing and teach your family member/friend how to help you with the circumduction exercises described above.

**Follow-Up:** You will be seen by Travis, our physician assistant, at 1-2 weeks after surgery for a wound check and removal of stitches. You will be seen by Dr. Hagen at 6 weeks after surgery. Timing and length of additional follow-ups will be determined by your progress.

## Crutch Use

To walk with crutches:

- Pull crutches under your arms and press them into your ribs
- Move the crutches ahead of you 6-12 inches with your operative foot.
- Your foot should be flat in contact with ground, placing enough weight for balance.
- Push down on the handgrips as you step up to or slightly past your crutches with your good foot. Do not push off with the operative foot.
- Make sure to bear weight on your hands, not under your arms
- Check your balance before you continue

To sit down in a chair:

- Back into the chair until you feel it on your legs
- Put both crutches in your hand on the affected side, reach back for the chair with the other hand
- Lower yourself into the chair

To get up from the chair:

- Hold both crutches on your affected side
- Slide to the edge of the chair
- Push down on the arm of the chair on the good side
- Stand up and check your balance
- Put crutches under your arms, pressing crutches into ribs

Going upstairs:

- Start close to the bottom step, and push down through your hands
- Step up to the first step, remember to good foot goes up first!
- Next, step up to the same step with the other foot, making sure to keep the crutches with your affect leg
- Check your balance before you proceed to the next step
- Make sure someone is there if you need it

Going downstairs:

- Start at the edge of the step, keeping your hips beneath you.
- Slowly bring the crutches with your affected limb down to the next step (the operative leg goes down first!)
- Be sure to bend at the hips and knees to prevent leaning too far forward, which could cause you to fall
- Make sure someone is there if you need it

## After Surgery, Call the Clinic if you have...

- A fever higher than 101° (38.3° C)
- Changes in your incision:
  - Opening
  - Drainage
  - Redness
- Numbness, tingling, or loss of function of your leg.
  - Please note that if you receive an anesthetic nerve block on the day of surgery, it can last for 24 hours or more. You may notice some unusual tingling on occasion after the block wears off. This should go away in a few days. If not, please call the office.
- Increased pain in the knee that is not helped by your medications.
- Increased pain or swelling in your calf.
- Nausea or other side effect not controlled by the medications you are given.
- Any symptom you do not fully understand.
- Number to call **during business hours** (8 am – 5 pm, M-F, excluding holidays):
  - **(206) 598-3294**. Wait for **Option 8** and ask to speak to a nurse.
- Number to call **after hours**:
  - **(206) 598-6190**. You should receive a call back within 30 minutes. If not, call again.
- **Please do not hesitate to call us if you have any questions or concerns!!**

### Call 9-1-1 immediately if you have:

- Chest pain
- Shortness of breath

**Prescription Refills:** Call (206) 598-3294 x8. Call before running out of your medication – please allow 3 business days for refills. Do not have your pharmacy call us, we must speak directly to you. Percocet and other narcotic pain prescriptions cannot be faxed/mailed to the pharmacy – they must be picked up from the clinic or mailed to your home.

## Post-Operative Hip Rehabilitation: Labral Repair and Osteoplasty *Protocol for Dr. Hagen*

Please give this handout to your therapist

### Phase 0: Preoperative visit

- ❖ Goals: patient education, optimization of musculature
- ❖ Counsel patient on:
  - Flat-foot weight bearing with crutches
  - How to perform post-operative HEP (see below)
- ❖ No restrictions preoperatively. Core, flexibility, strengthening as tolerated.

### Phase 1: Immediate Post-Operative (0-6 weeks)

- ❖ Joint Protection Patient Education
  - Avoid at all times actively lifting, flexing, or rotating hip (thigh) x2-3 wks.
  - Assistance from family/caretaker is crucial for transitioning positions in the 1<sup>st</sup> week after surgery
  - Do not sit in a chair or with hip bent to 90° for greater than 30 minutes in first 2 weeks (to avoid tightness in the front of the hip)
  - Lay on stomach for 2-3 hours / day to decrease tightness in the front of the hip (patients with low back pain may have to adjust position)
- ❖ Weight-bearing Restriction
  - Labral repair +/- osteoplasty (bony work) WITH NO MICROFRACTURE
    - Flat-foot weight bearing (20 lb max) for **2-3 weeks** with brace
    - Week 3 wean off crutches (2→1→0) as gait normalizes – this process can take 4-6 wks, don't rush
  - Labral repair +/- osteoplasty WITH MICROFRACTURE
    - Flat-foot weight bearing (20 lb max) for **5-6 weeks** with brace
    - Week 6 wean off crutches (2→1→0) as gait normalizes
- ❖ Range of Motion Restrictions
  - Brace x2 weeks, no questions asked. Wean off brace Week 3.
  - Brace settings: 0° extension, 70° flexion, 10° abduction, neutral rotation.
  - **Stop shy of pinchy pain with all PROM**
    - Internal rotation: no limitation
    - External rotation: 0° (no passive) for 2 weeks
    - Extension: 0° (no passive) for 2 weeks
    - Flexion: 90° for 2 weeks then 120° for Week 3
      - **NO STRAIGHT LEG RAISES!**
    - Abduction: 0-25° by 3 weeks

- Critical to focus on gluteal muscle group, iliopsoas, and hip rotators
  - **Beware development of tendonitis of hip flexors (rectus), adductors, and piriformis.**
    - **This can occur with too aggressive rehab, particularly eccentric training.**
  - Goal is to protect the joint and avoid irritation with symmetric ROM returning by 6-8 weeks
- ❖ Patient home exercise plan (HEP) for weeks 1&2 (given to patient immediately postop):
- **DO NOT STAY IN BED.** You are to be up walking as tolerated. We recommend at least **10 minutes of walking every hour** while awake, and no more than 30 minutes of sitting at a time.
  - Perform **passive** hip circumduction while lying down: family/friend moves hip with your muscles completely relaxed, moves your leg in small circles clockwise and counter-clockwise, do not go past belly button or shoulder width. **150 reps three times per day.**
  - Perform **passive** hip flexion (bending): family/friend moves hip up and down 30-60 degrees with knee slightly bent. **150 reps 3 times/day.**
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  - Ankle Pumps: with leg straight, pump foot up and down. **20-30 reps 3 times/day.**
  - Gluteal sets: tighten buttock muscles for 5-second hold. **20-30 reps 3 times/day.**
  - Transverse abdominal sets: squeeze belly button toward spine without moving your pelvis for a 5-second hold. **20-30 reps 3 times/day.**
- ❖ Recommended Exercises with therapist; please keep ROM restrictions in mind. Can lengthen protocol timing as needed per patient.

		Week 1	2	3	4	5	6
Muscle stretch: quad, adductor, hamstring	Daily	✓	✓	✓			
Muscle stretch: glutes, piriformis	Daily			✓	✓		
Isometrics (2x/day): glutes, quad, hamstring, transversus abdominus, abductors, adductors	Daily	✓	✓				
Ankle pumps with resistance	Daily	✓	✓	✓			
Soft tissue work & scar mobilization (2x/day)	Daily		✓	✓	✓	✓	✓
Stomach stretch (lie flat on stomach, can ↑ up to 60 min)	Daily	✓	✓	✓	✓		
Upright stationary bike (up to 20 min, 2x/day) – NO RECUMBENT BIKE & NO RESISTANCE	Daily	✓	✓	✓	✓	✓	✓
Quadruped rocking	Daily	✓	✓	✓	✓		
Lower abdominal progression (heel slides progress to marching, ± strap)	Daily	✓	✓	✓	✓	✓	✓
Gluteal progression	Daily	✓	✓	✓	✓	✓	✓
Passive ROM/circumduction	Daily	✓	✓	✓	✓	✓	✓
Passive ROM/circumduction: add extension & ER, introduce stool and prone rotations	Daily				✓	✓	✓

## Phase 2: Stability (3-8 weeks)

- ❖ If microfracture, HOLD activities in shaded boxes until week 6 in all phases

		Week 3	4	5	6	7	8
Standing weight shifts: side to side & anterior to posterior	5x/week	✓	✓				
Backwards & lateral walking without resistance	5x/week	✓	✓				
Prone hip extension	5x/week	✓	✓	✓			
Prone hamstring curl	5x/week	✓	✓	✓			
Prone pendulum (IR/ER)	5x/week	✓	✓	✓			
Proprioception: Balance board, single leg stance Bilateral→unilateral→foam→dynadisc	5x/week	✓	✓	✓	✓		
Bridging progression	5x/week	✓	✓	✓	✓	✓	
Standing hip abduction in internal rotation	5x/week		✓	✓	✓		
Pool therapy (water walking)	5x/week			✓	✓	✓	✓
1/3 knee bend 2 legs	5x/week		✓	✓	✓	✓	
Advanced double leg squat	5x/week				✓	✓	✓

## Phase 3: Functional Strengthening (4-16 weeks)

		Week 4	5	6	7	8	10	12	16
Stationary bike with resistance	3x/week		✓	✓					
Leg press	3x/week	✓	✓	✓	✓				
Box step up	3x/week			✓	✓	✓	✓		
Bosu	3x/week			✓	✓	✓	✓	✓	
Lunges – Forward 90	3x/week			✓	✓	✓	✓	✓	
Lateral lunges	3x/week			✓	✓	✓	✓		
Single knee bends	3x/week				✓	✓			
Lateral walk with squat and band	3x/week			✓	✓	✓	✓		
Agility-diagonal lateral agility	3x/week					✓	✓	✓	✓
Side planks	3x/week	✓	✓	✓	✓	✓	✓	✓	✓
Prone planks	3x/week		✓	✓	✓	✓	✓	✓	✓
Single leg bridge	3x/week		✓	✓	✓	✓	✓	✓	✓
Rotational activities (if pain free)	3x/week					✓	✓	✓	✓
Slide board exercise	3x/week						✓	✓	✓



### Phase 3: Cardio/Functional Exercise (4+ weeks)

- ❖ Can start at 4 weeks if gluteus strength is present
- ❖ If microfracture, WAIT until 6 weeks

		Week 4	5	6	7	8	10	12	12-24
Deep pool work (aqua jog, scissor, swim with pulling)	3x/week		✓	✓	✓	✓			
Deep pool work (swim with kicking)	3x/week				✓	✓			
Water running or Alter G treadmill	3x/week					✓	✓	✓	
Stationary bike with resistance	3x/week		✓	✓					
Elliptical	3x/week			✓	✓	✓	✓	✓	✓
Outdoor biking (resisted biking)	3x/week				✓	✓	✓	✓	✓
Functional activity (hike, kick, throw)	3x/week						✓	✓	✓
Sport-specific progression	3x/week						✓	✓	✓

### Phase 4: Return to Activity/Sport (4-6 months)

- ❖ Typically 4-6 months to return to sports, 1 year for maximal recovery
- ❖ Microfracture can delay this recovery by several months
- ❖ Criteria for Return to Play:
  - Near pain-free with rehab activities
  - MMT within 10% of non-operative extremity
  - Biodex peak torque of quad & hamstring within 15% of non-operative extremity
  - Single-leg cross over triple hop for distance with score > 85%

		Week 13	17	21	25
Plyometrics progression	3x/week	✓	✓	✓	
Side to side lateral movements	3x/week		✓	✓	
Forward/backward running with cord	3x/week	✓	✓		
Straight plane agility: Chop-downs, back peddling, side shuffles	3x/week		✓	✓	
Multi-plane agility: Z and W cuts, cariocas, ladder	3x/week		✓	✓	✓
Sport specific drills/training	3x/week		✓	✓	✓

**TIMELINES:**

Week 1 = 1-7 Post-Op Day (POD)  
 Week 2 = 8-14 POD  
 Week 3 = 15-21 POD  
 Week 4 = 22-28 POD  
 Etc.

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