

Little Aston Spire Hospital
Little Aston Hall Dr
Sutton Coldfield, B74 3UP
01215807406
01922656972
la.oasis@live.co.uk
<http://littleastonoasis.com>



Hip Arthroscopy

Introduction

Hip arthroscopies are done for various problems and recovery afterwards is dictated by the surgeon's findings at the time of the surgery. Single isolated injuries usually recover quicker than multiple areas of damage. The following are guidelines only as every one recovers at their own rate.

Pain

Post-operative discomfort may last 1-2 weeks after surgery. Taking your painkillers regularly for the first few days is advisable; once the pain lessens you may reduce your painkillers.

If the hip feels particularly swollen and uncomfortable you may find ice packs of benefit. Frozen peas/sweetcorn, crushed ice or gel packs in a damp towel or tea towel are all equally effective. They should never be placed directly on the skin. Apply the ice pack for no more than 20-30 minutes as any longer may result in increased swelling, as the blood supply increases in order to warm the area up.

Walking

Depending on the findings at the time of surgery you may weight bear as tolerated, be partial or non-weight bearing. Your physiotherapist will provide you with crutches and instruct you on their correct

use depending on your weight bearing status. If you are allowed to fully weight bear immediately you can discard the crutches once you are walking normally without pain or a limp, this is usually between 3-7 days. If you are partial or non-weight bearing you physio will tell you when you can start to fully weight bear and discard the crutches.

Try and avoid twisting movements of the hip for at least 3 months.

Driving

You can drive when you are fully weight bearing and comfortable to do so. This will vary between 1 to 8 weeks.

Work

You may return to work when the pain has settled and you feel that you can manage. If you have a less physically demanding job this may be 1-2 weeks; a physically demanding job will require longer, usually 8-12 weeks.

Sports

Gym work, swimming (not breaststroke), cycling and other non-contact activities can be resumed as soon as comfortable.

Check with the consultant before resuming contact sports.

Post Op

You will be provided with your crutches and taught the correct way to use them.

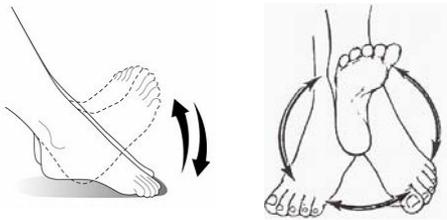
Once you are comfortable mobilising on the level you will be taught the correct way to do stairs.

You will be discharged home once you are safe on the level and on the stairs, this is usually the day after you surgery.

A referral will be made to outpatient physiotherapy and an appointment arranged prior to discharge.

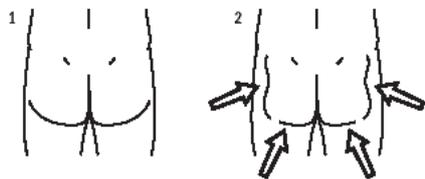
The following exercises should be started as soon as possible, preferably day 1, and should be done at least 4 times a day.

Circulatory exercises



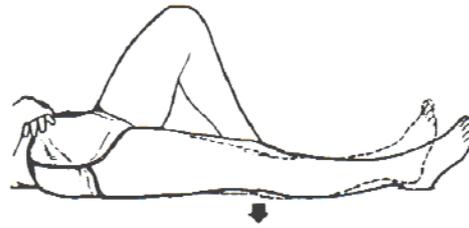
Point and bend you ankles. Circle your ankles in both directions. Do a minimum of ten of each exercise.

Static gluts



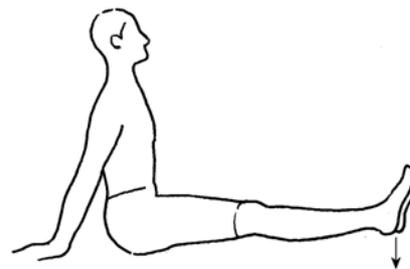
Tense your bottom muscles. Hold for a count of five. Relax completely. Repeat 10 times.

Static quads



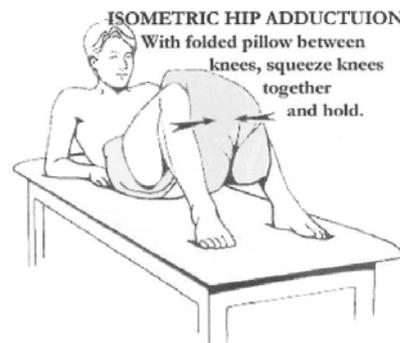
Sit or lie with your leg stretched out in front of you. Tense the muscles on the front of the thigh by pushing the back of your knee into the bed and pulling your toes towards you. Hold for a count of 10. Repeat 10 times.

Static hamstrings



Sit or lie with your leg out in front of you. Try and dig your heel into the bed. You should feel the muscles at the back of your thigh and buttock working hard. Hold for a count of 10. Repeat 10 times.

Static adductors



Sit with your knees together. Place a towel or pillow between your knees, squeeze your knees together. Hold for a count of five. Repeat 10 times.

Static abductors



Sit with your knees a comfortable distance apart. Place your hands on the outside of your knees. Push your knees outwards but resist with your hands. Hold for a count of 10. Repeat 10 times.

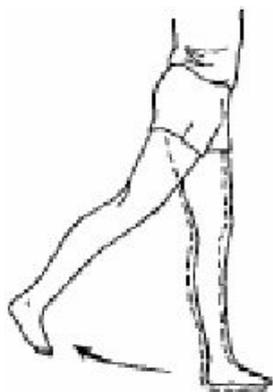
Hip flexion in standing

Stand with your hands supported on a firm surface. Lift the knee of your operated leg towards your chest- only as far as comfortable. Lower your foot to the ground. Repeat 10 times.



Hip extension in standing

Stand with your hands supported on a firm surface. Keep your body upright. Move your operated leg as far back as possible. Return to the starting position. Repeat 10 times.



Hip abduction in standing

Stand with your hands supported on a firm surface. Keep your body upright. Move your operated leg out to the side as far as comfortable. Return to the starting position. Repeat 10 times.



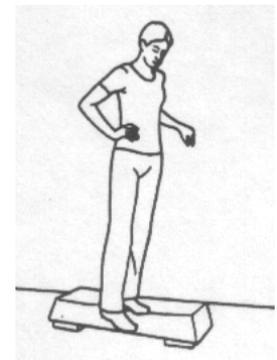
Hip adduction in standing

Stand with your hands supported on a firm surface. Cross your operated leg in front of the un-operated leg as far as comfortable. Return to the starting position. Repeat 10 times.



Internal and external rotation

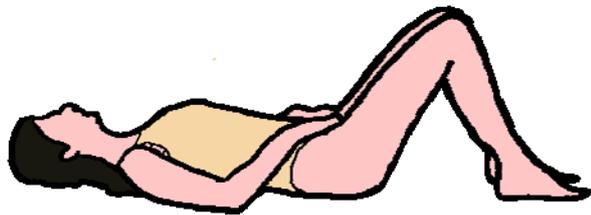
Stand side ways on a small step (the bottom stair will do) with support for balance. Allow the leg to hang free over the edge. Turn your foot inwards and outwards keeping your toes in line with your kneecap. Repeat 10 times in each direction.



Transversus

Lie on your back with your knees bent. Find the bony points at the front of your pelvis and then move your fingers 2 inches across and 2 inches down. Keeping your pelvis still, gently use your stomach muscles to pull your belly button towards your spine. You should feel a tightening of the muscles under your fingertips.

Hold the contraction for as long as you can, and only continue the exercise if you can feel the muscle contracting.



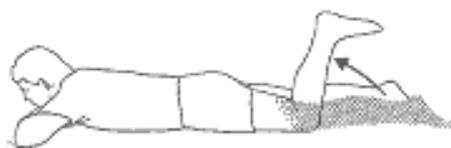
Do not try too hard with this exercise or you will use the wrong muscles and your back will flatten into the bed.

Knee extension in sitting

Sitting in the chair, pull the toes of the operated leg towards you, tense the thigh muscles at the front of the thigh and straighten the knee. Hold for a slow count of 10 then relax. Repeat 10 times.



Knee flexion in lying



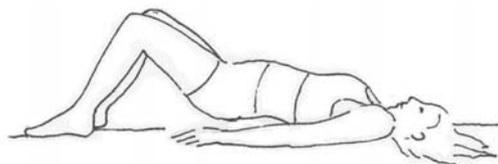
Lying on your front, bend your knee and take your heel towards your bottom. Go only as far as you feel comfortable. Gently relax the leg towards the bed. Repeat 10 times.

You can do the following exercises when you are allowed to fully weight bear and comfortable enough to do so.

Weigh shifts

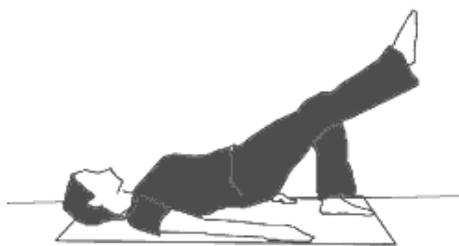
Stand with your feet hip width apart. Gently take all of the weight onto your operated hip. Only take as much weight as feels comfortable – you can increase the weight bearing as you get used to it. Hold for 3 seconds. Return to the starting position. Repeat 10 times.

Bridging



Lie on your back with your knees bent up. Tuck your pelvis under and lift your bottom up and off the floor, pushing through your legs and not arching your back. Hold for 5 seconds. Repeat 10 times.

Single leg bridging



Lie on your back with your knees bent. Straighten your un-operated leg until it is parallel with the floor. Using your operated leg, lift your bottom off the floor. Hold for 5 seconds. Repeat 10 times.

Once all the previous exercises are painfree you can add a gentle stretch to the

end of the movement. **Do not** stretch into pain.

Once the hip is painfree and you have a good range of movement you may progress to the following activities.

Static bike or cycling

When using a static bike or cycling be guided by how your hip feels. On the static bike continue only as long as you have no pain, if the hip becomes painful stop. Always start with no resistance if after a few days you have no ill effects gradually increase the resistance.

When cycling start with a short test cycle, if there are no ill effects you can gradually increase the distance cycled. Try and avoid steep hills until the hip has full recovered.

Pool exercises/swimming

Once the wounds are healed you can start using the pool. Most of the exercises shown earlier can be done in the water.

If swimming you must only front crawl or backstroke for the first 3 months, after this you can breaststroke if your hip is painfree.

Hopefully after about a month you can gradually progress to full normal daily activities but remember how quickly you advance is dependent on what the consultant has done at the time of the surgery. Only do an activity if it is painfree.

A mild ache that settles quickly after an activity is acceptable; a severe pain which lasts for several hours is not. If you experience severe pain, stop the activity

immediately and if it doesn't settle quickly, contact your G.P. for advice.

Orthopaedic and Sports Injuries Services "OASIS"
Munawar Shah FRCS, FRCS Tr & Orth
Consultant Trauma & Orthopaedic Surgeon

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