

KRAMER ORTHOPEDICS

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HIP ARTHROSCOPY REHABILITATION PROTOCOL

Pre Operative Education:

The hip joint is made up of a ball (femoral Head) and socket joint (acetabulum). The surfaces of the acetabulum and end of the femur are covered with articular cartilage, which allows smooth pain free motion of the joint. Damage to this cartilage results in areas of roughness and can lead to areas of exposed bare bone. These changes in the joint can result in changes of the bone shape (osteophytes), loose bodies, inflammation, pain, stiffness and decreased motion.

The **labrum** is a type of cartilage that aides in stability of the joint and easy movement. This forms a rim around the socket portion of the joint and cushions the joint. Damage to the labrum can lead to catching and pain in the joint.

Femoral Acetabular Impingement (FAI) is a condition that causes abnormal rubbing inside the hip joint. As a result, damage can occur to the articular cartilage (smooth white surface of the ball or socket) or the labral cartilage (soft tissue bumper of the socket).

There are two types **Cam** and **Pincer**. Cam type FAI means the femoral head is misshapen, not perfectly round. Pincer type FAI occurs when the acetabulum covers too much of the femoral head. FAI is associated with cartilage damage, labral tears, early hip arthritis, hyperlaxity, and low back pain. An osteoplasty can be done to correct these two problems.

The **Gluteus Medius and Minimus** muscle/tendons are similar to the rotator cuff of the shoulder. These two muscles work in conjunction to allow the body to stabilize on one leg at a time while walking. Damage to these tendons can often be confused with greater trochanteric bursitis. Patients often complain of weakness and pain located on the outer hip.

Under general anesthetic you are positioned on a special operating table with your feet strapped into boots to allow traction to be placed on the hip. Under x-ray guidance the portals are made for surgery. Three or four small incisions made in the skin during the procedure. Following the procedure local anesthetic is injected into the hip and the incisions are stitched closed.

Risk and Complications:

As with any surgery, there are risks involved.

Infection is rare. If you have any redness around the wound or if you have any temperatures or are feeling unwell you need to contact our office as soon as possible.

Nerve damage is rare. There can be damage to superficial nerves, which can result in temporary or rarely permanent loss of sensation in the groin, thigh, scrotal or labial region.

Deep venous thrombosis (DVT) are rare with arthroscopic surgery. DVT can cause pain and swelling in the leg due to restriction of blood flow back to the heart. If you get increasing calf pain or shortness of breath you should notify our office right away. Long airplane flights can also cause DVT and flying should be avoided for 2 weeks following surgery.

Joint stiffness can occur no matter what the procedure, this is minimized and treated with physiotherapy.

Post Operative Protocol:

Below are guideline developed to familiarize you with the general protocol following hip arthroscopy. This is an outpatient procedure that can correct common conditions of the hip.

Theses conditions include:

Loose bodies

Labral Tears

Chondromalacia (softening of the hard cartilage)

Femoral Acetabular Impingement (FAI)

Early degenerative arthritis

Gluteus medius and minimus repairs

A **C**ontinuous **P**assive **M**otion (CPM) machine will be ordered for patients scheduled to have osteoplasty or microfracture.

The night of surgery or early the next morning place your leg in the CPM machine. This machine is used to promote new fibrocartilage to grow. This should be used for a period of 6 to 8 hours each day. Most patients find it comfortable to use the machine while they sleep. Patients who have osteoplasty done typically are instructed to use the CPM machine for a period of one to three weeks. Patients who have microfracture done are advised to use the CPM machine for a period of six to eight weeks.

Ice may be applied to the operative site to help diminish pain and swelling (twenty minutes on, twenty minutes off).

It is recommended that you stay home for a period of three to five days after surgery to ensure swelling has significantly decreased. We strongly advise against operating a motor vehicle while taking any pain medication, as this can alter your ability to respond quickly.

Crutches will usually be given at the operating room, or can be rented prior to your scheduled surgery date. Depending on the procedure done, crutches will be used for a period of one day to eight weeks.

Labral Resection: *crutches will be used primarily for comfort for a period of one to three days.*

Labral Repair: *crutches will be used for a period of two weeks in order to protect the repair.*

Osteoplasty: *crutches will be used for a period of one to three weeks in order to avoid possible stress fractures.*

Microfracture: *crutches will be used for a period of six to eight weeks in order to protect the new cartilage forming.*

Gluteus Medius and Minimus Repair: *crutches and hip abductor will be used for six to eight weeks.*

Physical therapy will be instituted anytime between five and fourteen days after surgery. Showering with assistance is permitted at forty eight hours after surgery. Most patients may resume sports at three to six months depending on the surgery performed. Return to work depends on your occupation but usually occurs one to four weeks.

Every patient has a different hip problem and therefore will require some modification to the above-referenced guidelines depending on associated injuries.