

Hip Arthroscopy User's Guide*:

What to Expect after your Labral Repair Surgery

The following guide is an overview of what our patients should expect during the weeks and months following Hip Labral Repairs. This guide may help to answer common questions or concerns that come up after this major surgery. Please refer to your Surgeon and physical therapist for specific questions and exact guidelines of your recovery.

Day one: You just came out of recovery. At this time you have not quite gotten back to yourself and the recovery team is placing a brace on your hip and giving you 2 crutches to walk with. Your hip is very fragile, and it is very important to know your “weight bearing precautions”.

Weight bearing: Typically you are able to put about 20 pounds of pressure on your repaired side. A little weight on your foot actually takes some of the pressure off the repaired hip.

Brace: You may be fitted with a brace to help limit your mobility and protect the repair. Not all patients get a brace post-operatively. The locking mechanism should be fixed to the 90 degrees of flexion (or forward bend) and 0 degrees of extension (or backward bending of the leg). The brace should be snug against the belly and thigh.

Week 0-3: The next day or two after surgery you will have your first Physical Therapy (PT) session. You may be a little out of it at this point, and may be experiencing a significant amount of pain. This first session you should expect to have your bandage removed and a smaller one put in its place. (Remember to keep the surgical site dry! Water from your shower may cause the incisions to become infected). You will also be taught, in more detail, how to use your crutches, brace and the precautions. The therapist will also help you move your hip through safe range of motions and start performing very gentle exercises.

You will also be given a written protocol so you will know what to expect. At home, you will be instructed to use the CPM or a leg bending machine and encouraged to use a bike to help keep the muscles moving.

* - credit shanenhomd.com

This phase is very important to protect your hip repair. Avoid putting too much weight on your leg and lifting the leg up. Your surgeon recommends avoiding active hip flexion (lifting your leg up at the hip) until 2-3 weeks after your surgery. This precaution is to prevent excessive hip flexor tendonitis after your surgery.

Week 0-3 continued: In therapy, you will receive specific stretching and muscle work to the front of your belly (where some of the hip muscles start), and to the front, inner and back side of the hip complex. You will also start some gentle strength exercises for the muscles around the hip complex. The goals of this stage are to restore the function of the hip, back and leg muscles to prepare them for use once you start walking on them.

Week 3-5: This is an exciting time. Depending on what your surgeon states, you usually stop using the brace and crutches. You may need to wean off the crutches, going from using both to using one, then to none. It's important at this phase is to use the crutch in the opposite arm of your surgery. Contrary to popular belief, using the crutch in the opposite side reduces the stress at the hip. Using the crutch on the same side causes more stress. Your hip should be feeling much better at this point, but be careful to avoid stressing the repaired labrum and hip muscles.

Exercises: You will start gentle hip flexion at this point, but do not "over do" it because you may cause tendonitis at this area. Your therapist will start more exercises at this point to strengthen the gluteus muscles (muscles that make up your buttocks), hip inner and outer thigh muscles and back (core) muscles. These should all be tolerated well and cause little to no stress on the surgery site. You will receive more home-based exercises at this point to progress your mobility. Gait training (walking training) will also be performed to help get you walking well. You may need work on balance over the newly repaired hip. Balance boards will be used at this point. Bicycling is also encouraged now.

Manual therapy: This will continue to help stretch out your muscles, loosen them up and help with strength training. Work will also progress on your scar sites to make them move more easily. Gentle hip joint stretching may be used early in the recovery, with more advanced stretching used later in the recovery.

Aqua therapy: When your surgical sites are fully healed, you may be encouraged to begin pool therapy for cardio vascular exercises.

Weeks 6-9: At this point, the hip should be feeling pretty good. Some stiffness, tightness or soreness may be experienced especially at the groin area. At this phase, self stretching becomes more important and you will have more home strengthening to

do. Your walking should be without a limp, or you should be working on walking smooth.

Manual therapy: Your therapist will generally continue to perform deep muscle stretching and add more aggressive joint stretching. This may include using a strap or belt to help pull the socket and restore full functional mobility of the hip. You will most likely have your hip stretched in several different directions to restore the legs ability to move well. Mild soreness may be experienced, but sharp pain should not. Full hip range of motion is the goal at this point.

Exercise: You will be advanced with leg and hip strength training. These exercises will include Pilates type training, Closed chain exercises (like leg press, step training and balance work), and open chain exercises such as PNF hip patterns to help work on your hip flexors (which we have been avoiding strenuous exercises to this point). More advanced leg stretching will be prescribed by your therapist to help restore full motion to your hip.

Cardiovascular: Advancing training on the bike will continue at this point.

Weeks 9-12: The goals of this stage are to restore full range of motion of this hip through stretching, strength training and “functional training.

Manual therapy: As noted above, you will continued to have skilled manual therapy applied to ensure your hip is moving as well as it should. End range stretching will be advanced so your tightness in the hip is resolved.

Exercise: This phase of your recovery therapy will add more strength training, balance work and functional training to prepare you for return to your sport, or occupation. You will increase weight, reps and difficulty of the exercises. You may begin elliptical (10 weeks) and Treadmill (12 weeks). Continue your home exercises for back and hip stretching to avoid stiffening up.

Weeks 12-16: At this stage, the labrum and hip flexors will be well healed and advancement to running, agility and plyometric exercises will be added. With running, you will be encouraged to perform a run/walk protocol to ease into advance work. Your therapist will take you through a program of strength training with jumping, balancing and quick movements. Be careful not to strain the front of your hip.

Manual therapy: At this point your joint should be moving well, but your therapist may need to stretch the hip out a bit to promote full recovery of the leg.

Sport/work specific therapy: At this time you will be taken through specific training for the return to sport and work.

Goals for Discharge: At the end of therapy and home exercise you may undergo a test to see if your hip strength and motion has been fully restored. A series of strength testing, single leg testing, step testing and agility training may be performed. You should have full hip motion, ability to run/walk and perform sport activities.

Good luck with your newly repaired hip! The surgery should make a big difference on the quality of your life! Be careful during the first several weeks to be mindful of your body's healing.

Don't push it too fast and be sure to always ask your doctor or therapist about any questions that come up! Recurrent hip flare-ups may hinder the post-operative recovery and may actually compromise the outcome of the hip surgery.