

Physiotherapy following Hip Arthroscopy



ST VINCENT'S
PRIVATE HOSPITAL
NORTHSIDE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

This information is a general guide only.
Instructions and specific exercises may vary depending on your specific surgery and situation. Your surgeon or physiotherapist will inform you of any further instructions or limitations.
Please ask if there is anything you are unsure about.

Your physiotherapist: _____

Phone: 07 **3326 3000** Pager no. **0104**

Alternative contact: _____



Please contact your nurse
if you require an interpreter.

Physiotherapy following Hip Arthroscopy

Welcome to St Vincent's Private Hospital Northside

Our Hospital's Orthopaedic Physiotherapy Team will work with you to regain normal function after your operation.

They will provide you with advice and a home exercise program to enable you to continue your rehabilitation at home.

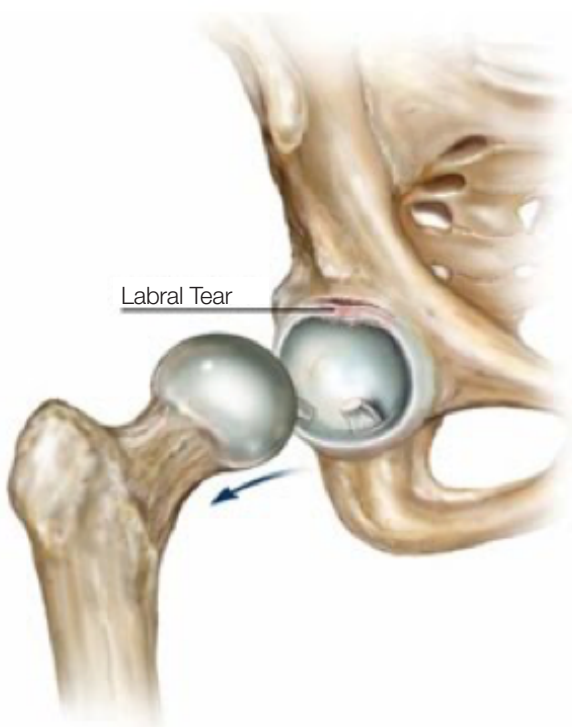
Please take the time to read through the information in this booklet as it is relevant to your wellbeing and rehabilitation.

There is a Notes section at the back of this booklet for any questions you may wish to ask your physiotherapist.

General post-operative advice: *for your safety and care*

Most Hip Arthroscopic surgeries are performed for investigative reasons, and to repair labral tears.

The labrum is a band of cartilage that lines the hip socket or 'acetabulum'. Its purpose is to make the hip socket deeper and more stable. It can be torn from its attachment and cause pain, clicking or catching.



For the first 2-3 days

You must take care not to overdo it or aggravate the healing process in the first few days following the surgery.

These first few days should involve:

- ☐ Relative rest (do not do much walking or spend much time on your feet).
- ☐ Keep your leg elevated up on the bed or couch, ensuring that the hip is bent less than 90 degrees.
- ☐ If sore or swollen, ice your hip for 15-20 minutes every 3-4 hours.
- ☐ If required, use crutches to take a bit of the pressure off the hip, but **WALK AS NORMALLY AS POSSIBLE.**
- ☐ Gently perform the exercises outlined in this booklet.

Precautions

For the first six weeks following surgery, you must not bend your hip past 90 degrees. Take great care when putting shoes and socks on, or leaning forward in a chair.



- Correct sitting position.
- Do not bend more than 90 degrees at your hip joint.
- Do not bend down to below your knees, especially when sitting. Be very aware when putting shoes and socks on – ask someone to help.
- Do not sit on low chairs or toilets, sit with knees apart, do not cross knees or ankles.

Exercises: *immediate post-operative*

● Relaxed deep breathing

- Relax your shoulders and take a slow, deep breath in.
- Hold for three (3) seconds, and then slowly breathe out.
- After five (5) deep breaths have a strong cough.
- Repeat hourly when awake for the first two (2) days after your surgery.



● Foot and ankle pumps *(to help circulation and prevent blood clots)*

- Move your feet up and down from the ankles.
- Repeat ten (10) times every hour when awake.
- Make sure that you aren't just wiggling your toes, but that your whole foot is moving up and down.



Exercises: *immediate post-operative* (continued)

Thigh muscle (quadriceps) squeezes



- Straighten your knees and tighten your thigh muscles.
- Hold for five (5) seconds.
- Repeat ten (10) times every hour when awake.

Bending your hip and knee



- Lying on your back, gently try to bend your knee. You must not bend your hip more than 90 degrees.
- Repeat five (5) times, two (2) times a day.

Hip abduction



- Lying on your back, squeeze your thigh muscles to keep your knee straight.
- Keep your toes pointing up to the ceiling (don't let the leg turn in or out).



- Slide your leg out to the side as far as comfortable.
- Slide your leg back into the middle, keeping a gap between both legs.
- Repeat five (5) times, two (2) times a day.

Exercises: *immediate post-operative* (continued)

● Bridging



- Lying on your back with both knees bent to a comfortable position.
- Keep your back straight, lift your bottom into the air a short distance.
- Make sure you don't arch your back.
- Hold for three (3) seconds.
- Repeat five (5) times, two (2) times a day.

● Weight transfer: side-to-side



- Stand with feet slightly apart.
- Gently tighten your buttock muscles.
- Keep your knees straight then gently shift weight side to side.
- Repeat five (5) times to each side.

● Weight transfer: front-to-back



- Stand with one foot slightly forward and the other slightly back. Feet should be in line with your hips.
- Gently tighten your buttock muscles, keep your knees straight, then gently shift weight from your front leg to your back leg.
- Repeat five (5) times in each direction.

Safe use of crutches

Your physiotherapist will discuss crutch safety with you.

Weight-bearing status

○ FWB – Full weight-bearing

You can place all your weight normally through your operated leg.

○ WBAT – Weight-bearing as tolerated

You can place as much weight through your operated leg as pain allows. As the pain eases place more weight through your operated leg until you are fully weight-bearing.

○ PWB – Partial weight-bearing

Place half your weight through your operated leg, and half your weight through your crutches as you walk.

○ TWB – Touch/Toe weight-bearing

You may place a very small amount of weight through your operated leg when walking. Imagine you are walking on an egg carton, but don't want to squash it. Usually this contact with the ground is enough to take the weight of your operated leg only (i.e. balance on the ground), but without placing any additional body weight through your operated leg.

○ NWB – Non weight-bearing

You are unable to place any weight through your operated leg at all.



Advice for placing weight through your operated leg

- Using crutches after the operation takes some pressure off the hip and helps to ensure you learn to walk without a limp. The idea is that you 'train' yourself to WALK NORMALLY using the crutches, so that you do not have a limp when you come off them.
- Often you can go onto using just one crutch (in the opposite hand to your operated leg) for short distances around the house. Continue to use the crutches for longer walks or if spending more time on your feet until you have no pain or limp or until your surgeon tells you.

Precautions when using crutches

- Ensure crutches are the correct height for you. Your physiotherapist can check this whilst you are in hospital.
- Use appropriate footwear (no loose footwear).
- Check the rubber stoppers at the bottom of the crutches are not worn away or damaged.
- If walking outside in wet conditions take extra care, and don't rush. Ensure rubber stoppers are dry when entering a building. They can potentially slip on hard floors.
- When turning, take little steps around, never pivot on one leg.

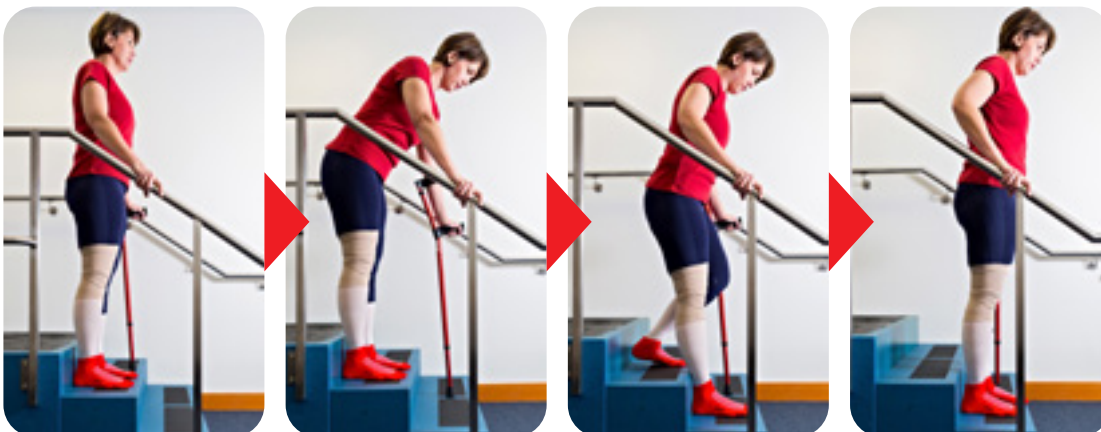
Advice for managing stairs when using crutches

When you are in hospital, your physiotherapist will demonstrate how to go up and down stairs using crutches and you will practice with the physiotherapist present. If you have a rail, use the rail instead of a crutch on that side.

- **Going up stairs:** Good leg first, sore leg next, crutches (*all onto the same step*).
- **Going down stairs:** Crutches first, sore leg next, good leg last (*all onto the same step*).

Will you need further physiotherapy?

Continue with the above exercises until your review with your surgeon. Your surgeon will then advise if further physiotherapy is required.



It may help to remember the phrase
“Good leg to heaven,
sore leg to hell.”

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Developed in consultation with our consumers (May 2017)

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES