

Hip Arthroscopy

Dr. Hugh West Jr

Dr. James Wylie

IHC Orthopedic Specialty Group

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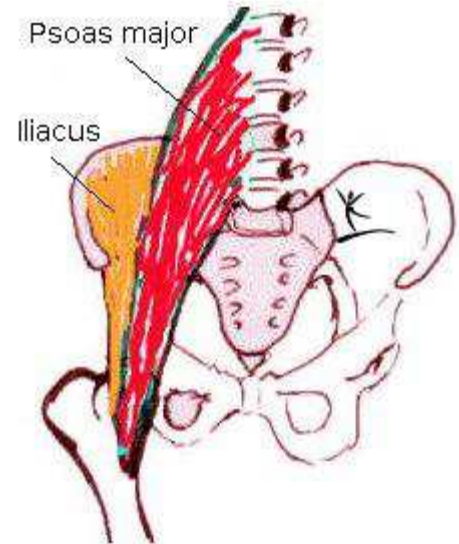
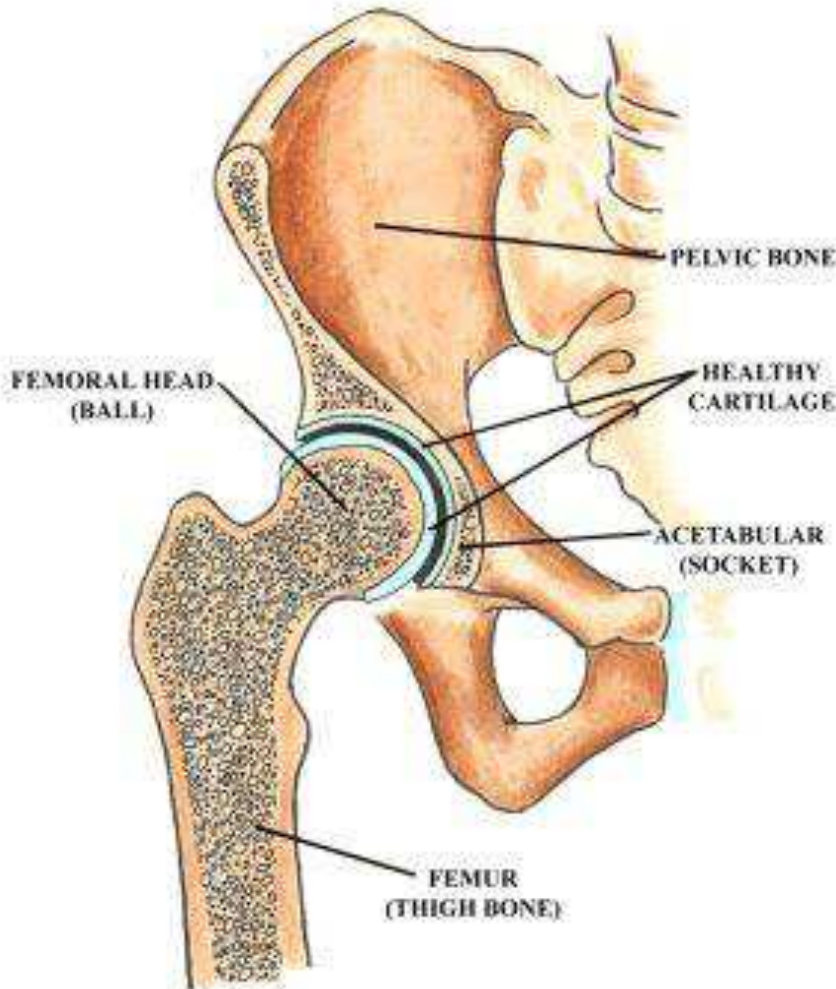
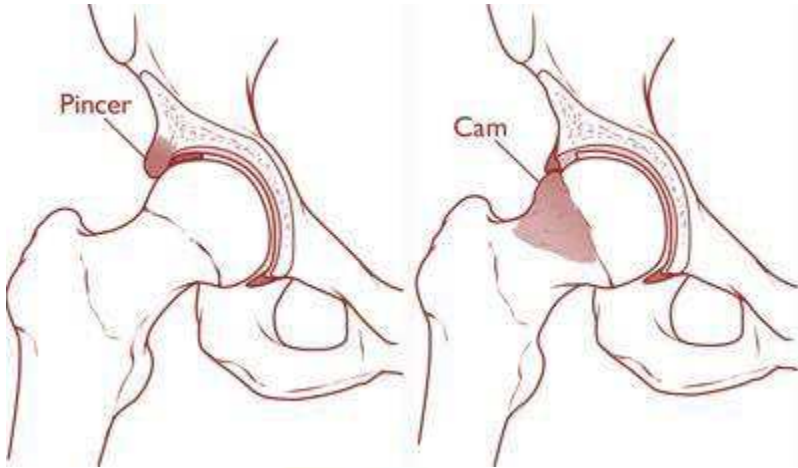
Murray UT 84107

(801) 314-4900

About Arthroscopic Surgery

Arthroscopic surgery is done to decrease the trauma to the joint, increase healing time, and decrease risk of infection. Recovery from arthroscopy is faster than recovery from traditional open joint surgery.

- ___ Acetabuloplasty (Pincer)
- ___ Femoroplasty (CAM)
- ___ Femoroplasty (dec offset)
- ___ Labral repair vs. debridement
- ___ Other



You will have an estimated 50 lbs. of traction during the surgery. Numbness around the incisions, lateral thigh and foot are normal and do not last.

Preparation for Surgery

Time off work – if you are taking time off work, please provide to our office any paperwork you need filled out at least 2 weeks prior to surgery. Include a name and fax number where the documents need to be returned.

- Fax attention “Dr West or Dr Wylie Team” 801-314-4919

Typical time frames off work

- 1 week off work , resting at home is required
- Return to desk job as tolerated by most patients around 2 weeks
 - o you may require more and this will be assessed on a case by case basis
- Physical jobs require 2-3 months off unless you can return with restrictions
- You will need to be prepared to use crutches for up to 3-4 weeks (determined by your PT and /or Dr. West/Wylie) and used at all times.

Equipment

- **Crutches:** You may bring them to surgery or a pair will be given to you upon discharge. You will be on crutches until you can walk without a limp or pain with walking (typically 2-4 weeks)
- **Ice Unit:** you will have a motorized ice unit to take home upon discharge. It is requested you use this 24/7 in the first week home, or as often as able. Please keep a barrier/cloth between the skin to keep it from getting too cold.

Young Families

- If you are a caregiver for young children, you will need to arrange help in the first couple weeks while you are on crutches and lifting restrictions.

Driving

- You may drive when off narcotics and walking with good control
- Left hip likely to be quicker than right hip
- Your right foot needs to be able to get comfortably from the gas to the brake

Medications / Anesthesia

Prior to surgery – if you are taking medications, the nurse at Pre-admissions, will guide you on what you can and cannot take prior to surgery

- Regular use of narcotics prior to surgery will make it more difficult to manage your post-operative pain
- We strongly recommend you reduce or stop narcotics prior to surgery

Post – operative medications

Narcotics:

- Standard protocol is Norco or Oxycodone. You will need to let us know if you cannot take Norco or Oxycodone.
- Narcotics are given for acute post-operative pain. After the first week, pain is best controlled by rest, ice and modification of activity. Infrequent use at night to sleep is common for the first couple weeks.

Anti-inflammatories:

- Naprosyn for 3-4 weeks

Tylenol

- If you were prescribed Norco, then you can switch from Norco to Tylenol during the day. Tylenol is in Norco, so do not take at the same time.
- If you were prescribed Oxycodone, then there is no Tylenol in that and you can take Tylenol 1000mg three times daily.
- Maximum of 3000 mg in a 24 hour period.

Pain medication side effects

- Constipation.
 - o Take over-the-counter stool softeners (Colace am and pm while on pain medications as needed). Drink at least 8 glasses of water a day during the first couple weeks following surgery.

General anesthesia

- You will meet the morning of surgery with the anesthesiologist
- Discuss any concerns you have about medications during surgery at that time.
- General anesthesia can cause nausea and difficulty with memory for the first several days
- You will need someone to stay with you for the first 24 hours if you do not stay overnight at TOSH

Day of Surgery

Arrival

- You will need to call the day before surgery to obtain your admission time
 - o Call between 2 – 4 pm (801-314-4090 or 800-649-8674 ext. 4090)
- Report to the Surgery Desk when you first enter TOSH from the south lobby
 - o #3 on the front of the building.
 - o After Surgery, you will enter through the north lobby (PT #2 on outside of building)

Length of surgery

- Estimation of surgery: 1-2 hours and in the facility 5-6 hours

**PLEASE GET UP AT LEAST
ONCE EVERY OTHER HOUR
AND WALK AROUND THE
HOUSE IN ORDER TO
PREVENT BLOOD CLOTS!**

First week at home

Showering

- 48 hours after surgery – remove the surgical dressing but leave the steri-strips or stitches in place (2-3 weeks is average)
 - o Water can run over however do not soak surgical incisions.
- Pat dry and cover with dry Band-Aids if needed. **Please do not put any lotions or ointments on the incisions.**

Crutches

- 50%WB using 2 crutches at least 2 weeks and PT will wean you

Signs of infection

Call 801-314-4900 (24/7)

- Fever greater than 101 degrees F, Redness beyond the incisions, Worsening / intolerable pain and possibly – nausea, pus or smelly discharge

Rest

- Ice for the first week home when you are not taking care of basic needs or doing your physical therapy) to manage post-operative inflammation / swelling.
- Put layer (pillow case) between your skin and ice pad
- Lie on your stomach for 3-4 times per day for 30 mins. to prevent a hip flexion contracture
- I.e.: For every 30 mins. you are up, lie down for the next 1.5hours

Home therapy program?

- You should begin within the first 24-48 hours. (Page 10)
- If your pain is increasing more than 2 points on the scale of 0-10, back off of your stretches by being less aggressive or reducing the number of reps.

Post-operative pain

- Pain is individual, however, it is recommended you take your pain medication as prescribed for the first week.
- Ice is a natural analgesic: ice for the first 7 days continuously to control pain and swelling

Post-Operative Expectations

Recovery time

- You will feel 60-70% by 10-12 weeks (for the average patient) based upon your iHOT score.
- It will take up to a year to work toward full recovery for most patients.
- Complete relief from pain and return to all desired activities might not be a realistic goal depending upon your hip findings during surgery. This is linked to the level of wear in your hip. When you experience a setback or begin limping again – go back onto your crutches

0-4 weeks: activities for grooming, bathing and general light activity in the home / desk job at 2 weeks / no more than **30 mins continuously without rest in community** (1 time per day only) after the first week
Crutches for any procedure 2-4 weeks. Off when you are not limping

- **Pain changes in 3 ways – Frequency, Intensity and Duration as you move toward pain-free.**

4-8 weeks: light activities in the community, up to 30-60 mins duration of community ambulation / light house work / no heavy lifting at home or work.

- Guided gym activities – cycling, swimming and upper body. Lower body as guided by PT based upon your hip symptoms.

8-12 weeks: moderate activity in the community (2 hours walking), at work (up to 10 lbs. carrying or lifting, and at home moderate house work but no twisting. Light to moderate gym activity with guidance

- May begin an approved higher level activities if no psoas release or Osteoplasty

12 + weeks: ramping of activities / hobbies as pain dictates. Sport specific training. Do not jump or run prior to 12 weeks for risk of post-operative fracture. All restrictions are lifted unless indicated by PT and MD.

- All procedures may begin higher level activities or return to walk/jog program if approved by therapist / MD

Home Exercise Program

Begin the day you go home from surgery and continue for the 1st week - Complete your HEP every 2-3 hours while you are awake.

Ankle Pumps – For Blood Clots

- Laying on your back, move the ankle through full range of motion. Complete 10-15 reps 6 times per day. **START THESE WHEN YOU WAKE UP FROM SURGERY**
- TED hose knee high both legs for first week



Quad Sets

- Place towel under back of the knee. Push knee into the towel contracting the quadriceps. Hold for 5 seconds. Complete 10-15 reps 3-4 times per day



Glut sets

- Laying on your back, contract your gluteal. Hold for 5 seconds. Complete 10 reps 3-4 times per day



Quadruped rock backs (start on day 3 if you cannot tolerate at 24 hrs.)

- Begin in a neutral position on all fours. Begin to slowly shift your weight and rock backward towards your heels till you begin to feel a slight stretch in your gluts. Perform 10-20 reps at 2-3 times per day.



Prone Quad Stretch (start on day 3 if you cannot tolerate at 24 hrs.)

- Position yourself onto your stomach and pull foot toward buttock as far as you are able with a rope/belt/dog leash. Perform 10 reps at 15 sec holds, 4 times per day.

FIGURE 5C
 PRONE
 FLEXION
 EXERCISES



Biking

- You may ride a stationary bike at home 10-20 mins without resistance (Level 1) – daily

Early Pitfalls following Hip Arthroscopy

Joint swelling / edema

- Early weight-bearing without crutches can significantly delay your recovery
- Persistent swelling / edema will prevent successful transition to normal daily activities and return to higher level activities
- This delay can add an additional few weeks to few months to your rehabilitation, resulting in longer time frame with pain, higher usage of pain medications and potential need for oral steroids / cortisone injections

Range of motion

- Delay in restoring your symmetric motion is directly related to joint swelling /edema.

Too much too soon

- Activity progression: if activity is ramped up too quickly, you may experience soft tissue pain. This is most commonly associated with overload /overuse.

Satisfaction Surveys

Part of your TOSH experience will include receiving a survey in the mail to assess how satisfied you were with your physical therapy and physician visits. These surveys are a valuable asset to our team to know what we are doing well and how we may improve to better serve future patients. We appreciate you taking the time to respond to these.

Ice machine- ice 24/7 first week home

You will go home with an ice unit for your hip.

The placement of the pad

- Lateral /anterior thigh. The straps go around your waist and lower thigh as the picture shows.
- The Velcro should be snug but not restrictive
- Place either the white pad or a pillow case between the pad and your skin



Precautions

- Make sure a barrier is between you and the pad. Burning from the cold is possible if you do not have enough of a barrier.
- Take off to walk
- Buy ice every 1-2 days to supplement your ice maker

Purpose

- To help control soft tissue edema and joint swelling
- To help knock down pain 1-2 points on a pain scale
- Important after 1st week to manage increased evening and night time pain

How to Use Crutches

Walking with Crutches

1. You should bear the weight on your hands and not lean on the crutch pads at the armpits when walking.
2. Place crutches forward first.
3. Move your injured leg forward and place heel down landing in line with crutches.
4. Shift as much weight as tolerated onto surgical leg and push down on crutches to “unload” weight as needed
5. Step through with healthy leg.
6. Roll over toe and bend knee to move your injured leg forward again.
7. Go slowly at first.



Going Up Stairs

1. Approach step closely.
2. Place your health leg up on the step – keep your injured leg and crutches on the ground.
3. Place your weight on your healthy – step up.
4. Bring the crutches and surgical leg up to same step.

Going Down Stairs

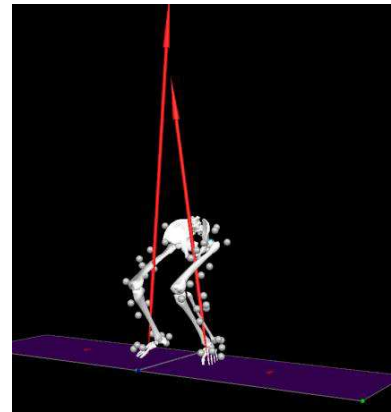
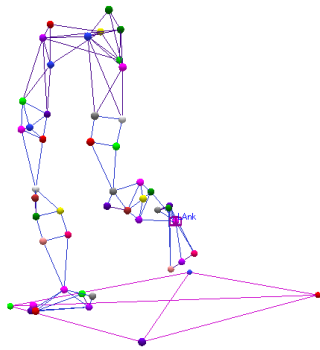
1. Approach edge of stair closely, and place weight on healthy leg.
2. Lower crutches and step down leading with the involved leg.
3. Shift your weight to the crutches and injured leg.
4. Carefully place your healthy down on the step.

REMEMBER: UP WITH THE GOOD...DOWN WITH THE BAD

TOSH Biomechanics Lab

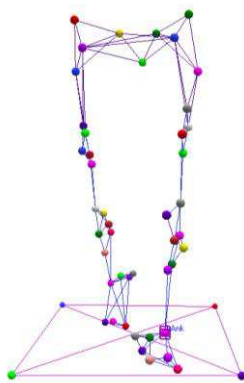
3D Motion Analysis

3D Motion Analysis is a technological process of examining movement patterns and the forces produced throughout those movements. Reflective markers are used to capture motion in order to assess, evaluate and determine what changes can be made to improve the efficiency of an individual's body mechanics.



What to expect:

- We will apply small reflective markers to the body
- Cameras track movement of the markers as motion patterns are performed
- Rehab and therapy examinations take 30 to 40 minutes
- Testing is in a closed curtain area for privacy



Arrival and check in:

- Be sure to be on time.
- Check in with the front desk **5 minutes prior** to appointment time.
- Bring compression shorts and a tight fitting top (Loose clothing makes the markers move)
- Wear sneakers
- Do not wear lotion

- If you have any questions or concerns please call **Rebecca** at **801-314-4037**

APPOINTMENTS

Surgery Date: _____ / Therapist Name: _____

1st week PT: Day: _____ DATE: ____/____/____ TIME: _____AM/PM

2nd week PT: Day: _____ DATE: ____/____/____ TIME: _____AM/PM

4th week: Day: _____ DATE: ____/____/____ TIME: _____AM/PM

MD POST OP Follow up: at your ____ week PT appointment

Visits to physical therapy and physician follow ups

- **Post op's week 1,2 and 4.**
 - You will see Dr. West/Dr. Wylie around your 2 week visit, 6 weeks, 12 weeks and at 1 year.
 - If you are workman's comp or have disability insurance, you will have to see Dr. West/Dr. Wylie every 30 days. You are responsible for making sure you are scheduled!
- **Post op's after 4 weeks** - is every 2-3 weeks depending upon status
- If you are having therapy outside of TOSH, we need to see you in physical therapy at 1 week, 2 week, 6 weeks and 12 weeks to ensure you are progressing at the expected rate

Program Design

We are an integrated Physician / Physical Therapy model.

- Blue team model of care
 - Dr. West and Dr. Wylie work closely with the physical therapy "team" to allow for maximal therapy effectiveness and efficiency of care.
- Visit frequency
 - Dr. West/Dr. Wylie and Therapy have developed a **highly independent program** that uses critical but limited therapy sessions. Your compliance to each therapy session is vital to your recovery.

Research Team

Dr. West/Dr. Wylie and physical therapy will be asking you to fill out many forms.

- We use the iHOT in assessing how you are doing pre-surgery, post – surgery and after you are discharged from formal care
- We will send you an IHOT and subjective "how are you doing" form after you are discharged from formal therapy; you will receive one of these at 12 months post-op and 24 months post-op.
- Please help us by filling these out and returning especially after the 12 months mark. You will receive these via email or mail and it will include a self-addressed envelope stamped.
- These forms, especially when you are discharged from formal therapy, are reviewed by your therapist and Dr. West/Wylie. We will contact you if we have questions or concerns about your scores.

Phone Numbers

Dr. West/Wylie's Office

801-314-4900

Contact MD office if you go to the emergency department post operatively, need medication refills, have problems with your pain medications or other post- operative concerns - Reaches the MD on call.

- **Office Hours: Monday – Friday 8:30 am – 4:30 pm**

Hip Screening

- Jenny Marland, PT, DPT

801-314-4900

Physical Therapy Department

Rescheduling:

- If you experience scheduling conflicts with a set appointment, be sure to contact your therapy team immediately for rescheduling.
- Contact your therapist / therapy staff if you have questions about your post-operative rehabilitation.

PHYSICAL THERAPY TEAM

Isaac Lang, DPT

isaac.lang@imail.org

801-314-4053

Ryan Stromberg, DPT

ryan.stromberg@imail.org

801-314-4258

Jennica McFarland, DPT

jennica.mcfarland@imail.org

801-314-4262

Call the scheduling number if you need to reschedule your appointment or need your post-operative rehabilitation question answered before end of day

Physical therapy Office Number:

801- 314-4040

Mon, Tues, Wed, Thurs 8:00 -5:00

Fri 8:00 – 3:00

Pre-surgical requirement:

- Clinical: Positive history and clinical exam for FAI
- Physical therapy: Pre-operative education
- X-ray: AP/ Dunn / False Profile
- MRI/CT: Yes both, no CT required for Dr. Wylie (only in select cases)
- Testing:
- ROM: NA

Surgical post op:

- Hospital: short stay/day surgery
- Medication: Percocet or Norco (Dr. West), Oxycodone/Tylenol (Dr. Wylie), Anti-inflammatories
- Weight bearing: weight bearing restrictions.
- Brace: No
- ROM: As tolerated
- Wound Care: Dry / covered with steri-strips
- Follow up: 1st Post-op visit in PT

First post op (6-8 days):

- Location: Physical therapy
- Treatment: 1st POV therapy
- Medication: May need refill pain meds at first POV
- Physical therapy
 - Weight bearing: 50% weight bearing until post op week 3
 - Brace: No
 - Exercises: Core / Motion / Gait / Proprioception
- Wound Care: check for signs of infection / steri-strips covered for 3 weeks / internal sutures
- Restrictions: off work 1-4 weeks / no lifting, twisting, bending or stooping

Second post op (14 days/ 2 weeks):

- Location: Physical Therapy / Combo appointment
- Treatment: PT and 2 week x-rays
- Physical therapy
 - Weight bearing: 50% still on crutches
 - Exercises: Core / Motion / Gait / Proprioception
 - Assistive Device: progress from 2 to 1 / off if no limp and no pain with weight bearing
- Wound Care: no soaking until 3 weeks / leave steri strips in place
- Restrictions: Work – return to desk job / no sport / no lifting, squatting, bending or twisting

Third post op (21 days/3 weeks):

- Location: Physical Therapy
- Treatment: PT
- Physical therapy
 - Weight bearing: 75%weight bearing
 - Exercises: Core / Motion / Gait / Proprioception / Double leg / Dynamic surface
- Wound Care: can soak / steri strips can come off
- Restrictions: return to desk job / no sport / no lifting, squatting, bending or twisting
- Motion/ Post-Op concerns: Motion goals: Hip flexion >90 degrees, Hip IR >10 degrees (unless symmetric), Hip ER >15 degrees (unless symmetric).
 - Motion that is > than 50 % less than pre –operative measures

Fourth post op (4 weeks):

- Location: Physical Therapy
- Treatment: PT
- Physical therapy
 - Weight bearing: no restrictions
 - Exercises: Core / Motion / Gait / Proprioception / Double leg / Dynamic surface
 - Assistive Device: None and full weight bearing
- Wound Care: closed / no concerns expected
- Restrictions: return to desk job / no sport / no lifting, squatting, bending or twisting
- Motion/ Post-Op concerns: Motion goals: Hip flexion >90 degrees, Hip IR >10 degrees (unless symmetric), Hip ER >15 degrees (unless symmetric).
 - Motion that is > than 75 % less than pre –operative measures
 - Consider oral steroid between 3-6 weeks if highly irritable
 - Painful global loss of ROM or Psoas tendonitis –painful anterior hip with active hip flexion

Work Implications:

- Return to desk work: 2 weeks w/ restrictions
- Return to physical labor: 6 months
- Return to Sport: 6 months (after passing sport test)
- ADL's: 0-4 weeks light activity in the home (watching for hip flexor tendonitis), 4-8 weeks progressive activity but no deep squatting, twisting or lifting greater than 10 lbs., 8-12 weeks no deep squatting, twisting or lifting greater than 15 lbs.

Goals:

- Return to sport / work: running, golf – putting / chipping – around 4 months
- Physical therapy visits: Weekly for the first month then every 2-3 weeks until goals met
 - Average 10 visits