



After Hip Arthroscopy

The
Bone &
Joint
Center

On your road to recovery...

Rehabilitation is essential to help you return to an active life and reach your personal goals. This booklet provides goals, activities and milestones to guide your rehabilitation and chart your progress each week.

If you have any questions, please call our office at (616) 738-4420.

Thank you for choosing The Bone & Joint Center!

In Good Health,



*Carl H. Wierks, MD
Orthopedic Surgeon*

Surgery Descriptions

CHONDROPLASTY: Minimal cartilage damage is repaired using a motorized burr tool to shave off any frayed edges.

ILIOTIBIAL BAND (ITB) RELEASE: The ITB is a thick band of tissue that runs from the hip to the knee along the outer side of the thigh. A release is done when the ITB is excessively tight, causing irritation (bursitis) to the outer side of the hip.

ILIOPSOAS TENDON RELEASE: This tendon functions as a hip flexor. It can snap over over the front of the hip causing pain. Surgical release can improve those symptoms.

LABRAL RECONSTRUCTION: This procedure is performed when the labrum is diminutive (small) or not repairable. A piece of the ITB is used to replace the damaged labrum. It is held in place with suture anchors along the acetabular rim.

LABRAL REPAIR: The labrum is reattached to the acetabulum with suture anchors to hold it in place.

MICROFRACTURE: A microfracture technique is performed when the cartilage is worn down to the bone. A pic (awl) is used to create a clot which matures into new cartilage. The clot is delicate and requires minimal weight-bearing and good mobility for proper healing.

OSTEOPLASTY: An osteoplasty is performed at the head-neck junction of the femur. During this procedure a motorized burr is used to shave down the bony abnormality and re-create a “normal” shape of the femoral neck.

RIM TRIMMING: A rim trimming procedure is used to address the bony abnormality of the acetabulum (socket) of the hip using a motorized burr.

SYNOVECTOMY: A synovectomy is performed in patients who exhibit significant inflammation of the lining of the joint. During this procedure, a probe is used to remove the irritated tissue.

After Hip Arthroscopy

PHASE ONE: PROTECTION

What to Expect During Weeks 1-3

During the first phase of rehabilitation, hip arthroscopy patients focus on protection of the capsular repair, decreasing inflammation and restoring range of motion.

Your goals during this phase:

- Protect healing tissue from movement and weight.
- Decrease swelling and pain.
- Improve motion in the hip within limitations: No extension past 0 degrees and no external rotation of the foot.
- Decrease capsular scarring with circumduction exercise minimum twice daily for 15 minutes.

Example rehabilitation activities:

- Circumduction exercise at 30 and 70 degrees of flexion minimum twice daily for 15 minutes.
- CPM 30-70 degrees 3 hours daily.

When to be careful or concerned:

- The brace should be worn when up and active to protect the capsular repair.
- Any fever greater than 101, wound drainage after 5-7 days or increased pain.
- Calf swelling or pain

Milestones to work towards:

- Motion through circumduction.
- Decreased swelling and pain.



Example of circumduction exercise.

	Week 1	Week 2	Week 3
Date			
Pain (1-10)			
Swelling* (1-5)			
ROM (0°-135°)			
Weight Bearing (0-100%)			
Circumduction			

*Key:

1 = None | 2 = Mild | 3 = Moderate | 4 = Severe | 5 = Extreme

Milestones: _____

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PHASE TWO: TRANSITION

What to Expect During Weeks 4-8

During the second phase of rehabilitation, hip arthroscopy patients focus on muscle activation firing patterns, and range of motion. If aqua therapy is not already part of the rehab process, it is initiated.

Your goals during this phase:

- Activate hip muscles: Exercises taught in this stage are aimed at restoring and maintaining movement, promoting normal walking patterns, strengthening muscle and improving balance reactions.
- Improve motion in the hip. Ideally range of movement in the involved hip should be at least 85% of the uninvolved side.
- Pain controlled without narcotics.

Example rehabilitation activities:

- Resisted bike, guided progression with therapist.
- There is a strong focus on core stability work at this stage.

When to be careful or concerned:

- Pain with flexion at 90 degrees, painful clicking.
- Increased pain with weight bearing or exercise.
- Calf swelling or pain

Milestones to work towards:

- Wean to full weight bearing. Timing depends on procedure.
- Maintain muscle activation and motion.

	Week 4	Week 5	Week 6	Week 7	Week 8
Date					
Pain (1-10)					
Swelling* (1-5)					
ROM (0°-135°)					
Weight Bearing (0-100%)					
Circumduction					

*Key:

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Milestones: _____

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PHASE THREE: FUNCTIONAL ACTIVITY

What to Expect During Weeks 9-12

During the third phase of rehabilitation, the hip arthroscopy patient focuses on retraining the hip muscles and regaining function.

Your goals during this phase:

- Begin muscle memory training for sport. I.e. skate, ski simulation, dance, resisted bike...etc.
- Walking gait normalization.

Example rehabilitation activities:

- Sport specific exercise.
- Resisted bike and treadmill.

When to be careful or concerned:

- Pain with flexion at 90 degrees, painful clicking.
- Increased pain with weight bearing or exercise.
- Calf swelling or pain

Milestones to work towards:

- Return to social sport.
- Strength, endurance, and flexibility gains.

	Week 9	Week 10	Week 11	Week 12
Date				
Pain (1-10)				
Swelling* (1-5)				
ROM (0°-135°)				
Weight Bearing (0-100%)				
Circumduction				

*Key:

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Milestones: _____

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PHASE FOUR: CONDITIONING

What to Expect During Weeks 13-15

During the fourth phase of rehabilitation, the hip arthroscopy patient focuses on regaining endurance and training for sport.

Your goals during this phase:

- Gain endurance both aerobic and sport specific.
- Complete restoration of range of motion.

Example rehabilitation activities:

- Sport specific exercise.
- Aerobic conditioning with cross training.

When to be careful or concerned:

- Pain with flexion at 90 degrees, painful clicking.
- Increased pain with weight bearing or exercise.
- Calf swelling or pain

Milestones to work towards:

- Return to sport
- Strength and endurance: "Sport Stamina"

	Week 13	Week 14	Week 15
Date			
Pain (1-10)			
Swelling* (1-5)			
ROM (0°-135°)			
Weight Bearing (0-100%)			
Circumduction			

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Milestones: _____

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PHASE FIVE: RETURN TO SPORT

What to Expect During Week 16+

During the fifth phase of rehabilitation, the hip arthroscopy patient focuses on return to sport and maintaining range of motion and strength.

Your goals during this phase:

- Return to sport.
- Maintaining strength and range of motion of your hip.

Example rehabilitation activities:

- Sport specific exercise.
- Aerobic conditioning with cross training.
- Sport participation and recovery.

When to be careful or concerned:

- Pain with flexion at 90 degrees, painful clicking.
- Increased pain with weight bearing or exercise.
- Decrease in range of motion or performance.
- Calf swelling or pain

Milestones to work towards:

- Enjoy sport.

	Week 16			
Date				
Pain (1-10)				
Swelling* (1-5)				
ROM (0°-135°)				
Weight Bearing (0-100%)				
Circumduction				

*Key:

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Milestones: _____



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