

POSTOPERATIVE TIMELINE FOR HIP ARTHROSCOPY

Week 0-2:

Weight Bearing:

20 lb foot flat gait. Focus upright posture and full stride length

Rationale: Los possible force across hip joint to allow for recovery of capsule low ligamentous stability and protect healing bone in setting of osteoplasty. Upright, plantigrade gait to avoid hip flexor irritation

Assistive device:

Crutch use for patient's under age 30, walker for all gluteus medius repair or age over 40

CPM:

2 hour sessions, 3 times daily (6 hours total)

Rationale: CPM use to allow for formation of functional capsular volume after capsulotomy/traction and reduce development of adhesions between capsulotomy or repair surfaces and osteoplasty sites

Brace:

Breg Hip orthosis: Wear when out of CPM; wear at night. Setting 0-90 degrees.

Rationale: Brace is designed to hue limits to deep flexion, extension beyond neutral to allow for early healing to anterior hip capsule and a restoration of micro-stability

Physical therapy:

Instructed hip pendulum exercises for performance by home caregiver. 30 degree and 70 degree small circles of thigh with patient relaxed. Sessions should happen 3 times daily.

Stationary bicycle: Instruct use of upper a stationary bike with seat height limiting hip flexion to 90° and knee range 30° to 120° operative leg to “take a ride” and avoid active flexion. 20 minutes daily sessions at home or jam recommended.

Manual lymphedema massage if swelling noticeable.

Supine, foot flat on table core engagement exercises to begin activating core pelvic control without engaging hip flexors or pelvic left.

FORMAL VISITS TO STUDIO (charged): 1x/week