

This booklet has been produced by The Nuffield Manor
Oxford Physiotherapy Department.

The information is intended as a guide only.

Physiotherapy Department Telephone Number

01865 307533

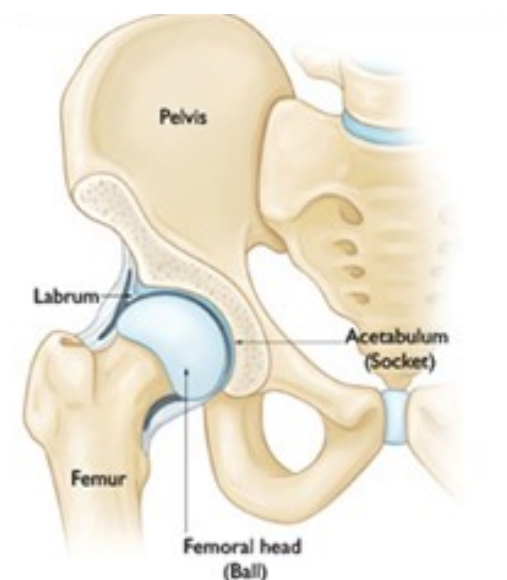


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Physiotherapy Patient Information *The Manor, Oxford.*



Hip Arthroscopy

Post-Operative advice following your Hip Arthroscopy:

Following your operation you will be seen by our Inpatient Physiotherapy team, who will explain your post-operative instructions to you and teach you your home exercise programme.

Before you are discharged from Hospital your Physiotherapist will ensure that you are able to:

- Understand and adhere to any restrictions in movement or weight bearing as advised by your consultant.
- Walk independently with a good walking pattern, with or without the use of a walking aid as required.
- Safely and comfortably transfer from a lying, sitting and standing position, including in and out of a car.
- Safely go up and down stairs and steps.
- Feel confident in managing swelling and discomfort of your hip.
- Independently demonstrate your home exercise programme, which you will continue over the first week until your Out-Patient Physiotherapy Appointment.

An Out-Patient Physiotherapy appointment will be organised for you within the first week following your surgery at the Nuffield Manor, Oxford. At this appointment your Out-Patient Physiotherapist will take you through the expected timeframes for your recovery. They will also formulate your personal rehabilitation programme, based on your post operative instructions and progress and your long term activity goals.

Out Patient Physiotherapy

It is extremely important that you continue with Out-Patient Physiotherapy after you have been discharged from hospital, and this is usually commenced with the first week following your surgery.

Your Out-Patient Physiotherapist will work with you to ensure that you progress further with your goal orientated rehabilitation programme and full return to your desired activities.

Before you are discharged from Hospital your inpatient Physiotherapist will arrange for an appointment to be made for you at the Nuffield Manor, Oxford with the Outpatient Physiotherapy Team.

Nuffield Manor, Oxford Outpatient Physiotherapy Appointment

Name of Physiotherapist	
Date of Initial Assessment	
Time of Initial Assessment	

Should you need to re-arrange your Out Patient appointment , or you have any specific questions regarding the Physiotherapy aspects of your recovery please call the Nuffield Oxford Manor Physiotherapy Department :

01865 307533

0-3 weeks after your surgery - focus on moving your hip as normally as you can, within comfort.

- Static Exercise Bike no Resistance
- Stretches
- Foam Roller / Sports Massage
- Regular Physiotherapy Sessions
- Return to Driving (see specific advice page 8)

3-6 weeks – focus on increasing the range of movement of your hip and progress hip and core strengthening.

- Continue as for 0-3 weeks
- Cross Trainer—no resistance , Static Exercise bike gently adding resistance.
- Swimming—varied strokes and water based exercises
- Progress hip and core strength exercises

6-12 weeks – Focus on improving strength in your hip and muscular endurance and return to fitness.

- Return to running when advised to do so
- Progress return to non contact sports
- Continue specific muscular strengthening and endurance

12 weeks+ – Focus on sports specific re-training and return

- Work with your physiotherapist to customise your specific return to sports programme.

Walking

Your Physiotherapist will ensure that you are walking comfortably after your surgery, you may require crutches initially to help you with this. You will be given instructions on both how to use them and for how long after your surgery.

You are able to put as much weight on your leg as you feel comfortable to do so, therefore it is important to walk as normally as you can and use your crutches for comfort to eliminate limping only. Once you feel that you can walk without your crutches, without a limp, you may stop using them. It is expected that you will not be using them by the time you see your Out-Patient Physiotherapist for your first Assessment.

There is no restriction to the distance that you can walk after your surgery, therefore you are advised to build up the distance gradually using discomfort and limping as your guide. You may find smaller steps more comfortable initially.

Transfers

You may find that your leg is uncomfortable to lift immediately after your surgery, as a result of the stretch on your soft tissues from the traction that is used.

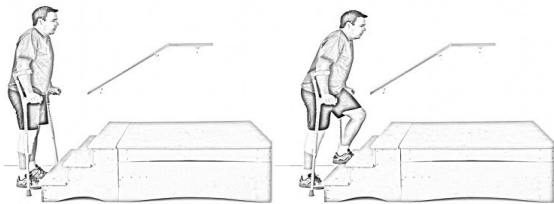
It is advisable to use your hands or a strap to support your leg when moving on and off the bed or in and out of the car. When getting up and down from sitting and standing , you may find that you need to use the support of arms or furniture initially to steady yourself, however you should try and move as normally as possible.

Stairs

Initially you may find it difficult to go up and down stairs normally. Until you feel comfortable you are advised to use the following instructions to manage steps and stairs.

Going Up Stairs:

- Hold the bannister with one hand and a crutch in the other If required.
- Place your non operated leg on the step first, then lean on the crutch and bannister and lift your operated leg onto the same step.
- Repeat for the required number of steps.



Going Up Steps:

- Hold onto each crutch as required.
- Place your non operated leg on the step first, then lean on your crutches and lift your operated leg onto the same step, then lift your crutches up to meet your legs.
- Repeat for the required number of steps.

Alternative to Stationary Exercise Bike

If you do not have a static upright exercise bike, you can ensure that you still benefit from this exercise by substituting the Stationary Bike Hip Range of Movement exercise with one of the following:

- ⇒ If you have a road bike, you can use rollers or stabilisers so that it can be used as a static exercise bike . You would then use the same advice for building up the time as for the original exercise. You must not use gears or resistance.
- ⇒ You can use a strap or belt to encourage the cycling motion with your leg. Your arms should take the weight of the limb to produce a smooth motion. If your hip is uncomfortable you may find a higher seat or stool easier.



Stationary Bike Hip Range of Movement

As soon as you are comfortable you can start using a static up-right exercise bike to exercise your hip. The seat should be raised so that your hip feels comfortable and no resistance should be added. The use of the static bike at this stage is to exercise your hip gently and not for cardiovascular fitness.

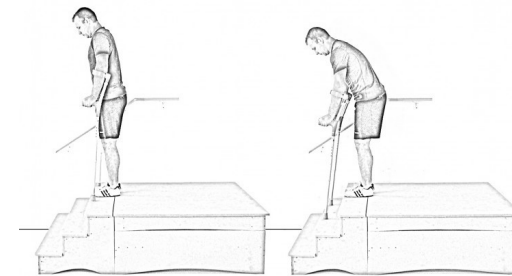
It is advisable that you start exercising for 5 minutes and then gradually increase the time gently using discomfort as your guide. It is normal to feel stretching sensations, however you do not want to push through pinching or sharp pain within your joint.

As a guide build up to 20 minutes sessions twice a day over the first week, if you are comfortable you can increase the time by 5 minutes, until you reach a maximum of 45 minutes in two daily sessions. We do not advice adding resistance to the static bike exercise until you have seen your consultant for review.



Going Down Stairs:

- Hold the bannister with one hand and a crutch in the other if required,
- Place your crutch ahead of you on the step below, followed by your operated leg, and then place the non operated leg onto the same step.
- Repeat for the required number of steps.



Going Up Steps:

- Hold onto each crutch as required.
- Place your crutches ahead of you on the step below, followed by your operated leg, and then place the non operated leg onto the same step.
- Repeat for the required number of steps.

Pain and Swelling Management

Tissue healing will take a minimum of 6 weeks after your surgery, and it is normal for your hip to feel sore. The ward nursing team will ensure you have appropriate painkillers to take home with you, and they will advise you how long you may need to continue them for.

It is important that you keep your hip comfortable so that you can progress with walking and your home exercise programme. However, you may also find that you need to rest your leg, by gradually increasing the amount of activity you do each day. Use pain, stiffness and swelling as a guide of how much rest your leg needs.

You may find that hot / cold packs and massage may help to reduce muscle pain and swelling. You should always make sure that heat or ice packs are **not** applied directly to your skin. It is advisable to apply packs to the affected area for 20 minutes at a time, this can be repeated as required, until your symptoms are reduced.

Please note that many patients experience numbness or changes in sensation of the outside of their thigh as a result of the fine skin and nerves being stretched during the surgery.

If you are using hot or cold packs, please make sure that you only apply them to the areas of skin that you are able to feel normally.

You should regularly check your skin and reposition or remove hot or cold packs if you are in any doubt.

Standing Pendulum

Stand on one leg (use support if required to maintain balance and keeping your hips level) swing the leg in a front to back motion for 10 repetitions then a side to side motion. Make sure that the supporting leg and the torso stay stable , imagine you are trying to balance a book on your head.

You can vary the size of the movement and angle of your foot depending on comfort and control. Repeat on both legs.



Adductor Butterfly Stretch

Lie on your back, bend your knees and place the soles of your feet together.

Let your knees drop slowly away from each other until you feel a comfortable stretch in your groin.

Relax and hold the stretch for 20-30 seconds repeating 3 times, You are advised to repeat this exercise on both legs.



Contract / Relax Stretch for Rotators

Sit with both legs straight, Place your hands above the knee to be stretched.

Turn your thigh outward for 10 seconds, but actually resisting the movement with your hands.



Next, turn your thigh inward and assist gently with your hands for 5-10 seconds

Joint Stiffness

It is normal to experience feelings of stiffness and discomfort when moving your joint initially, this is due to the joint becoming inflamed from the arthroscopic procedure.

Your Physiotherapy home exercise programme and the advice in this booklet are designed to address this and minimise the duration of the restriction of movement. Your aim is regain pain free range of movement of your joint as soon as you can, including turning your joint in and out.

Regaining normal movement and function as soon as possible is key to recovery , and whilst you may feel discomfort you are not damaging or joint or the surgery by doing so.

Wound Care and Complications

The in-patient nursing team will advise you regarding your wound care and any dressings you require, they will also advise you of anything to look for or to be concerned about.

They will arrange any appointments that you may require for your wound care, and prepare any necessary paperwork required by your GP or Local Practice Nurse.

If you are required to wear anti-embolitic stockings (TEDS), they will give you specific advice on how long you are required to do so.

If you have any medical concerns after being discharged from hospital, you can contact the ward nursing coordinator on:

01865 987576.

Work

It is advisable that you do not return to work until your hip feels comfortable enough to complete your work tasks and travel requirements. This will depend on the type of work you do and your circumstances. It is important in the early stages that you have adequate time to rest, complete your exercise programme and attend ongoing physiotherapy appointments .

As a guide if your work is more sedentary (desk or driving based) you may be able to return to work within 2-3 weeks of your surgery with the option of a phased return. If your job is more physical you are more likely to return to work after 6 weeks. Full Time athletes are advised to discuss their specific return to training and Competitive sport with their consultant and Physiotherapist.

Driving

You should discuss any specific concerns relating to returning to driving with your Consultant and Insurance Company. The timeframe within in which you can return to driving will be dependent on any post-operative restrictions, but is usually within the first 1-2 weeks, starting with short journeys.

You must be confident you can put your full weight on your leg and be able to move freely to control the pedals and perform an emergency stop.

You must also make sure that you can concentrate for the period of time you are driving, and are not taking any medication that advises in the instruction not to operate machinery.

Anterior Thigh Stretch

Lie on your side, with your operated leg on the top, holding the ankle or supported with a strap pull your foot towards your buttocks until you feel a gentle stretch on front of the elevated leg. If it doesn't feel stretchy gently pull the leg further behind you or lift it up slightly. Keeping your lower back relaxed hold the stretch for 20-30 seconds repeating 3 times, You are advised to repeat this exercise on both legs.



Buttock Stretch

Lay on your back with knees bent and feet on the floor.

Place the ankle of the leg to stretch on top of your other knee.

Gently push on the knee until a stretch is felt in the hip or buttocks. Stretch for 20-30 seconds repeating 3 times. You are advised to repeat this exercise on both legs.



Stretches

Hamstring Stretch

Sit up in a chair and place your foot on a stool and the other leg at 90°. Place the hands on your knee, keeping the leg straight and bend forward from the hip until you feel a stretch in the back of your thigh, hold the stretch for 20-30 seconds repeating 3 times, You are advised to repeat this exercise on both legs.



Side Flexion Stretch

Sit in a chair and lean to one side while reaching over your head in the same direction you're leaning. Once a stretch is felt along the side of your body, rotate your trunk towards that side as well. Hold the stretch for 20-30 seconds repeating 3 times, You are advised to repeat this exercise on both sides.



Sporting Activities

Your Out-Patient Physiotherapist will be able to work through specific timeframes and a return to sports plan with you at your initial assessment.

You can start using your static exercise bike without resistance to gently exercise your hip straight away, however a road bike can be gradually progressed from approximately 6 weeks after your surgery.

You may gently start swimming once your wounds have fully healed and the out-patient nursing team have cleared you to submerge your scar. You are advised to progress gently as discomfort allows and alternate between strokes with a gentle leg kick until 6 weeks after your surgery. You may also find walking and exercising in the pool beneficial, and your out patient physiotherapist can guide you on specific exercises.

Your consultant will arrange a follow-up appointment with you to discuss your progress, this is usually around 6 weeks. At this appointment you can discuss return to more strenuous and impacting activities such as squatting and jogging, and the expected timeframes for return to specific sports training and participation, based on obtaining the best surgical outcome.

You will then be advised to continue with your Out-Patient Physiotherapy led programme to progress back to your required level of fitness and sporting activities. Most people will return to running and team sports from around 3 months, more high level sports return is often around 6 months. This may vary greatly dependant on the progress you are making with

Home Exercise Programme

When you go home it is important to be completing daily exercises to regain your hip movement and improve your general leg and core muscle strength. It is important to remember that your muscles will take time to recover, not just from the surgery but from the long term effects of the symptoms you have been having.

It is important to remember that your muscles and joint will be learning new movements therefore completing your exercises frequently and consistently is key. Focus on the quality of the movements that you are producing, do not worry about repetitions, speed or force initially.

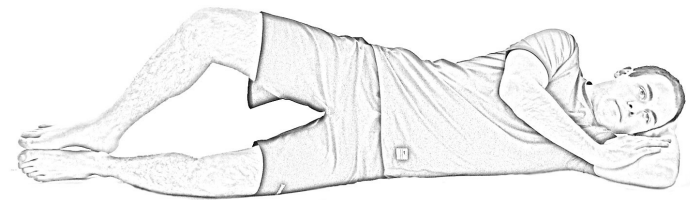
Your In-patient Physiotherapist will demonstrate and instruct you into the exercises contained within this booklet. You should continue with these exercises until you attend your Out-Patient Physiotherapy appointment. You should be confident that you can continue and progress with these exercises before you are discharged from hospital.

You should aim to complete the exercises at least twice a day until you attend your Out-Patient Physiotherapy appointment. The aim is to focus on the technique and quality of the movement that you are trying to create.

It is important to also focus on normalising movement patterns such as how you are walking, climbing stairs and getting up and down from a chair etc. as well as your exercise programme.

Traditional Clam

Lie on your side with your knees bent, your operated hip on the top, keeping your heels together and hips stable, lift the top knee upwards as if a clam shell opening. Make sure you only open the leg to comfort and do not roll your pelvis backwards, you may find having a wall behind you helps. Hold for several seconds then gently lower, repeating 6-8 times.



Reverse Clam

As for a traditional clam however you keep your knees together and lift up your ankle. Make sure that you do not roll forward to create the movement.



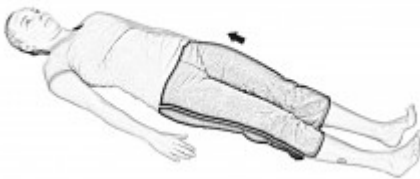
Bent Knee Fall Out

Start by finding your neutral pelvis position and contracting your lower abdominal muscles. Breathe out gently as you allow one leg to gently 'fall out' to the side under control, keeping your foot in contact with the surface until a comfortable stretch is felt. Breathe in, and as you breathe out gently bring your leg back to the starting position as slowly as you took it out. Make sure that the leg not moving stays still. Repeat on both sides 6-8 times.



Hip Hike

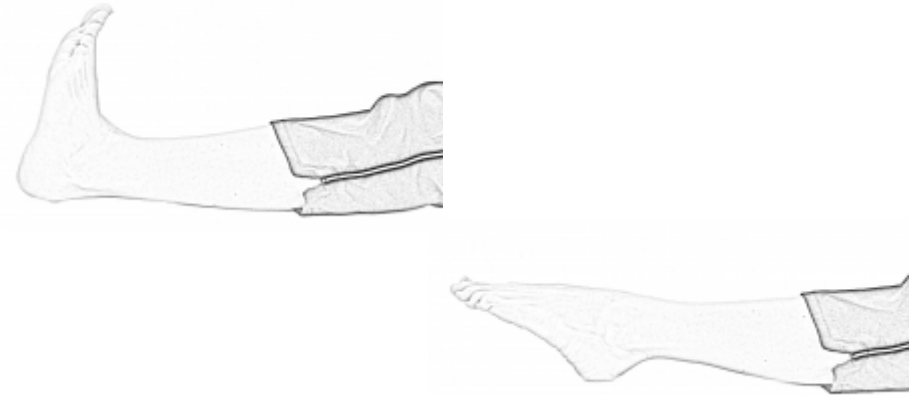
Lie on your back, with leg straight, slide your leg up along the surface so as to hike up your pelvis on one side. This will cause one foot to slide up relative to the other, and the movement to occur from your trunk. Return to your original position., and repeat on either side 6-8 times.



Circulatory and Core Exercises

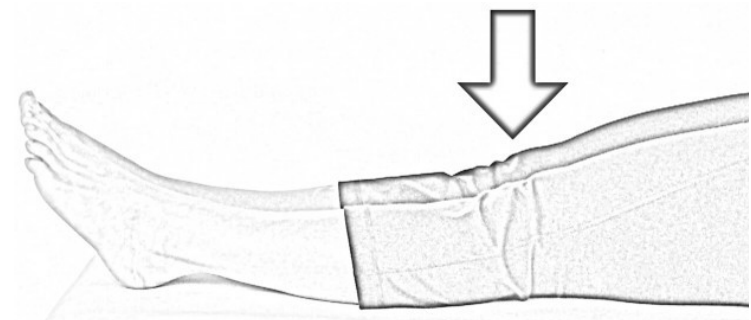
Ankle Pumps

Pump your ankles up and down for at least 20 repetitions.



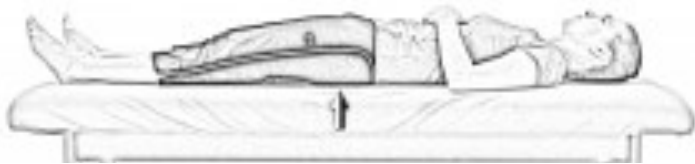
Static Quad Sets

Push your knees flat into the bed by tightening your thigh muscles – Hold for 5 seconds, then repeat 5-10 times. Make sure that you relax your buttocks. You should aim to lift your heel slightly whilst still keeping your knee in contact with the surface.



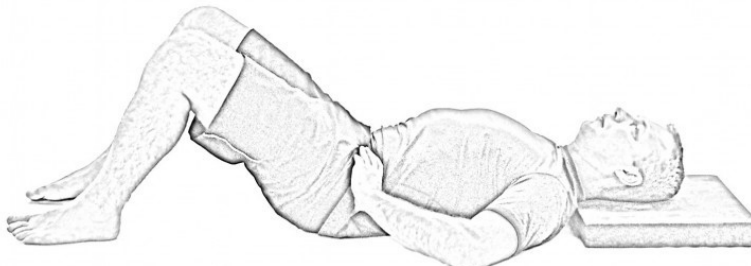
Static Gluteal Sets

Tighten your buttock muscles – hold for 5 seconds, then repeat 5-10 times. Make sure that you keep your spine in neutral meaning you do not arch or flatten your back to create the movement.



Pelvic Tilting

Lie on your back with your knees bent, Imagine you have a marble on your stomach. Roll your pelvis backwards and forwards as if moving the marble over your belly button., repeating 5-10 times. You should gently feel your lower back arching and flattening by the movement of your pelvis , your lower back muscles should remain relaxed throughout.



Trans Abs Setting

Tilt your pelvis until you find the position where the marble would be balanced on your stomach, activate your lower abdominal muscles by bringing your belly button inwards towards your spine without changing your position. Hold this contraction as long as you can whilst maintaining normal breathing. You can then progress this exercise in sitting and standing.

