Jourdan M. Cancienne, M.D.
Sports Medicine
Shoulder, Hip, Knee Arthroscopy
Shoulder Replacement Surgery

MIDWEST ORTHOPAEDICS AT RUSH

Midwest Orthopaedics at Rush
Joliet Office
963 129th Infantry Dr. Joliet, IL 60435

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Liesl Giermann, Secretary
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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY
PROTOCOL: Hip Arthroscopy

- **PRESCRIPTION MEDICATIONS**
- *Aspirin:*
  - This medication is to help prevent blood clots after surgery.
  - Take one 325 mg tablet twice per day with food for 30 days.
- *Colace (Docusate Sodium):*
  - This medication is to help with constipation, a common side effect after taking narcotic pain medications (like Norco) and general anesthesia. Take 1 pill in the morning and 1 in the evening to prevent constipation.
  - It is normal to take several days to make a bowel movement after surgery
  - Drink plenty of clear liquids as the anesthesia can cause dehydration/constipation as well.
  - We highly recommend having prune juice on hand to help assist with bowel movements.
  - If you have not had a bowel movement in 3-4 days, you may add milk of magnesia or miralax
- *Hydrocodone/Acetaminophen (Norco):*
  - This is a narcotic medication for pain.
  - This medication is to be taken AS NEEDED.
  - Plan to stay on a scheduled dose of 1-2 tablets every 4-6 hrs for the first 1-2 days.
  - After 2-3 days you should be able to space out or discontinue the medication and transition to Acetaminophen (Tylenol). DO NOT exceed 4,000 mg of Acetaminophen in a 24-hour period.
  - Do not drive, drink alcohol, or take Acetaminophen (Tylenol) WHILE taking this medication.
- *Indomethacin (Indocin):*
  - This is an important medication to help prevent bony overgrowth (called heterotopic ossification) that can be a potential side effect after surgery and to help with inflammation.
  - Take 75 mg tablet once per day with food for 10 days.
  - If you are unable to tolerate this medication, please discontinue and stay diligent with an icing and motion regimen.
  - DO NOT take ibuprofen, Motrin, Advil, Aleve, Naproxen, Naprosyn, Celebrex, Meloxicam or other antiinflammatories while taking this medication. Once you have completed the 10-day course of this medication, you can take other anti-inflammatories as needed for pain.
- *Zofran (Ondansetron):*
  - This is an anti-nausea medication. It is a dissolving tablet- place it on your tongue, allow it to dissolve, and swallow. Take this as needed every 4-6 hours for the first 2 days after surgery.

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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Hip Arthroscopy

- **WOUND CARE**
  - Leave the bulky surgical bandage on and DO NOT shower for 48 hours.
  - After 48 hours, remove bandages and gauze, but LEAVE STERI-STRIPS (white tape) IN PLACE.
  - You may shower at this point.
  - Cover incision sites with waterproof bandage prior to getting into the shower.
  - Should the incisions accidentally get wet, pat them dry with a clean towel. DO NOT SCRUB.
  - Keep incisions dry, open, and exposed to air
  - Wear loose fitting clothing while the incisions are healing
  - It is normal to see a lot of blood-tinged, soaked fluid on the bandages.
  - This may appear to be a pinkish-yellow fluid and is normal.
  - In between showers, leave the incision sites open to air
  - DO NOT APPLY LOTIONS OR OINTMENTS TO THE INCISION SITES
  - Your stitches will be removed at your first post op visit.
  - You may shower at this point without waterproof bandages over the incision sites.
  - DO NOT scrub the incision sites- you may let soap and water run down the incisions and pat dry with a towel once you're done.
  - DO NOT soak in any pool/bath water until 4 weeks after surgery.
- **PHYSICAL THERAPY**
  - Physical therapy should start ideally on day 1 or 2 post op.
  - If your surgery is on Thursday or Friday it is okay to wait until early the following week.
  - On the first visit to your therapist you should expect to:
  - Be taught proper weight bearing technique
  - Proper utilization of your crutches
  - Passive range of motion exercises
  - Isometric exercises to be done at home
  - Stationary bike (upright ONLY- NOT recumbent)
  - Choose a physical therapy clinic close to your home so you can be compliant with your program.
  - PT will be 2x/week for roughly 3 months, then 1x/week between 3-6 months post-op
  - Please bring your prescription for therapy and physical therapy protocol (provided on surgery day and also on the website) to your first appointment.
- **WEIGHT BEARING**
  - If you received REGIONAL anesthesia (a "block" to the leg), DO NOT attempt to weight bear for the first 24-36 hours.
  - After the feeling has returned to my leg, you may be flat-foot weight bearing.
  - This is not our preferred form of anesthesia, and only performed if requested for medical reasons. We typically do GENERAL anesthesia for this surgery.
  - Foot Flat Weight Bearing otherwise
  - Walk with your foot flat to the ground, and "mimic" a normal gait (walking pattern).
  - Once you are 2 weeks out from surgery, you may begin to progress your weight bearing slowly as directed by your physical therapist to full weight bearing, as long as your pain is not increasing while walking.

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- Getting off of the crutches takes all patients a different amount of time (General time period is 4-6 weeks) Take your time and don't try to rush yourself to get off of the crutches.

- **BRACE**
  - You should be fitted for the hip brace prior to surgery (at our DME store) and will be given the brace to bring to surgery or will have it delivered to the hospital on the day of surgery.
  - Over the first few days, concentrate on icing the hip and wear the brace when you are up and about.
  - The brace should be worn until you are off the crutches (Generally at about 3-4 weeks)
  - You do NOT need to wear the brace:
  - While sleeping
  - On the CPM machine
  - Laying on your stomach
  - Using the upright bike
  - Using the ice machine
  - Showering and using the bathroom
  - The lateral (outside) post on the brace should be positioned over the lateral aspect (outside) of the leg
  - The Velcro on the distal (lowest) strap can wear out quickly
  - You can call Miomed to get a replacement strap if this happens (Number listed on the last page of the packet).
  - The point of the brace is to prevent hyperflexion and abduction (bringing the leg too close to the chest or bringing the leg too far away from the body).
- **NIGHT TIME PADDING:**
  - Wear the padding at night time.
  - The point is to make your toes point straight up (no rotation).
  - Use this padding for 2 weeks post-op.
  - If you cannot sleep, alternatives are:
  - Take your non-operative leg out of the boot/padding .
  - Sleep in the brace.
  - Take the post out of the middle and sleep with just the feet strapped together.
  - Use pillows in bed to prevent rolling/rotating
- **ICE MACHINE**
  - Options:
  - 1) Regular, moldable ice packs (purchase in stores or online)
  - 2) Icing units at MOR DME stores:
  - Do not wear the brace over the ice machine pad.

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BIKING

- You may start biking on post op day 1
- You may use the upright bike ONLY, no recumbent bike!
- No use of the Nustep!
- No resistance while on the bike
- Use your non operative leg to push the operative leg around
- 20 mins on upright bike = 1 hour on motion machine
- You do not have to go out and buy a bike, you may use the one that is provided for you at your physical therapy sessions.

GENERAL ACTIVITY LEVELS

- It is beneficial to change positions often after hip arthroscopy.
- Alternate sitting, reclining, and lying down as much as you can tolerate
- We recommend you get moving once every 30 minutes to prevent stiffness.
- Do not stay in a seated position for longer than 30-45 minutes
- If you need a work note to get up from your desk, please let us know and we can send it in to your employer.
- Spend 2 to 3 hours per day on your stomach (you can take the brace off for this) to help keep the hip straight
- Laying around too much will make you stiff, so feel free to move around your home as you can tolerate.
- Perform ankle pumps (like pushing the gas pedal) and elevate the legs to help prevent blood clots.

FOLLOW UP

- You will need to follow up in clinic with Dr. Cancienne in 2 weeks for suture removal and to review the progression with PT.
- A new physical therapy prescription will be given to you at that time.
- Please call central scheduling to make an appointment (contact information below).
- If you have any questions please email canciennepractice@rushortho.com

WHEN SHOULD YOU CONTACT THE OFFICE?

- If you have a fever >100.4 degrees F.
- A low-grade temperature (even up to 100 degrees) is expected after surgery but let us know if it gets this high!
- If you develop chills or sweats.
- If you have pus, significant pain, or redness surrounding
- If you are unable to urinate >1-2 days after surgery

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-Perform PROM in patient's PAIN FREE Range

FLEXION	EXTENSION	EXTERNAL ROTATION	INTERNAL ROTATION	ABDUCTION
Limited to: 90 degrees x 2 weeks (may go higher in the CPM)	Limited to: 0 degrees x 3 weeks	Limited to: *30 degrees @ 90 degrees of hip flexion x 3 weeks *20 degrees in prone x 3 weeks	Limited to: *20 degrees @ 90 degrees of hip flexion x 3 weeks *No limitation in prone	Limited to: 30 degrees x 2 weeks

Weight Bearing Restrictions: **Gait Progression:**

20# FOOT FLAT Weight Bearing -for 3 weeks (non-Micro-fracture) -for 6 weeks (with Microfracture)	Begin to D/C crutches at 3 weeks (6 wks if Microfracture is performed). Patient may be fully off crutches and brace once gait is PAIN FREE and NON-COMPENSATORY

PATIENT PRECAUTIONS:

-NO Active lifting of the surgical leg (use a family member/caretaker for assistance/utilization of the non-operative leg) for approximately 4 weeks
-NO sitting greater than 30 minutes at a time for the first 3 weeks
-DO NOT push through pain

POST-OP DAY 1/INITIAL PHYSICAL THERAPY VISIT:

Check List:

Activity/Instruction	Frequency	Complete
Instructed in ambulation and stairs with crutches and 20# FFWB		
Upright Stationary bike no resistance	20 minutes daily	
CPM usage	4 hours/day (decrease to 3 hours if stationary bike used for 20')	
Instruction on brace application/usage		
PROM (circumduction, abduction, log rolls) instructed to the family/caregiver *maintain restrictions for 3 weeks	20 minutes; 2 times each day	
Prone lying	2-3 hours/day	
Isometrics (quad sets, glut sets, TA activation)	Hold each 5 seconds, 20 times each, 2x/day	

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PHASE 1

Goal: Protect the Joint and Avoid Irritation

PT Pointers:

-Goal is symmetric ROM by 6-8 weeks

-NO Active open chain hip flexor activation

-Emphasize Proximal Control

-Manual Therapy to be provided **20-30 minutes**/P T session

Date of surgery:	Week	1	2	3	4	5	6
Stationary bike (20 min, Increase time at week 3 as patient tolerates)	Daily	x	x	x	x	x	x
Soft tissue mobilization (specific focus to the adductors, TFL, Iliopsoas, QL and Inguinal ligament)	Daily (20-30 minutes each session)	x	x	x	x	x	x
Isometrics -quad, glutes, TA	daily	x	x				
Diaphragmatic breathing	daily	x	x				
Quadriped -rocking, pelvic tilts, arm lifts	daily	x	x	x			
Anterior capsule stretches: surgical leg off table/Figure 4	daily	x	x	x	x	x	x
Clams/reverse clams	daily	x	x	x			
TA activation with bent knee fall outs	daily	x	x	x			
Bridging progression	5x/week		x	x	x	x	x
Prone hip ER/IR, hamstring curls	5x/week		x	x	x	x	x

PHASE 2

Goal: Non-Compensatory Gait and Progression

PT Pointers:

-Advance ambulation slowly without crutches/brace as patient tolerates and avoid any compensatory patterns

-Provide tactile and verbal cueing to enable non-compensatory gait patterning

-Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises

-If microfracture was performed, Hold all weight bearing exercises until week 6

Date of Surgery:	Week	3	4	5	6	7	8	9	10
Progress off crutches starting week 3		x							
Continuation of soft tissue mobilization to treat specific restrictions	2x/week	x	x	x	x	x	x	x	x
Joint Mobilizations posterior/inferior glides	2x/week				x	x	x	x	x
Joint Mobilizations anterior glides	2x/week					x	x	x	x
Prone hip extension	5x/week	x	x	x					
Tall kneeling and ½ kneeling w/ core and shoulder girdle strengthening	5x/week	x	x	x	x				

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Standing weight shifts: side/side and anterior/posterior	5x/week	x	x	x					
Backward and lateral walking no resistance	5x/week	x	x						
Standing double leg ⅓ knee bends	5x/week		x	x	x				
Advance double leg squat	5x/week				x	x	x	x	x
Forward step ups	5x/week				x	x	x	x	x
Modified planks and modified side planks	5x/week				x	x	x	x	x
Elliptical (begin 3 min, ↑ as tolerated)	3x/week				x	x	x	x	x

Phase 3

Goal: Return the Patient to Their Pre-Injury Level

PT Pointers:

-Focus on more FUNCTIONAL exercises in all planes

-Advance exercises only as patient exhibits good control (proximally and distally) with previous exercises

-More individualized, if the patients demand is higher than the rehab will be longer

Date of surgery	Week	8	9	10	11	12	16
Continue soft tissue and joint mobilizations PRN	2x/week	x	x	x	x	x	
Lunges forward, lateral, split squats	3x/week	x	x	x	x	x	x
Side steps and retro walks w/ resistance (begin w/ resistance more proximal)	3x/week	x	x	x	x	x	x
Single leg balance activities: balance, squat, trunk rotation	3x/week	x	x	x	x	x	x
Planks and side planks (advance as tolerated)	3x/week	x	x	x	x	x	x
Single leg bridges (advance hold duration)	3x/week	x	x	x	x	x	x
Slide board exercises	3x/week			x	x	x	x
Agility drills (if pain free)	3x/week			x	x	x	x
Hip rotational activities (if pain free)	3x/week			x	x	x	x

Phase 4

Goal: Return to Sport

PT Pointers:

-It typically takes 4-6 months to return to sport, possible 1 year for maximal recovery

-Perform a running analysis prior to running/cutting/agility

-Assess functional strength and obtain proximal control prior to advancement of phase 4

Date of surgery	Week	16	20	24	28	32
Running		In Alter G	x	x	x	x
Agility			x	x	x	x
Cutting				x	x	x
Plyometrics				x	x	x
Return to sport specifics				x	x	x