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**Post-Operative Instructions**  
**Hip Arthroscopy**

1. Remove the dressing on post-op day #2.
2. Apply band-aids to wound sites – change band-aids daily.
3. Physical therapy appointment should be scheduled for post-operative day #1.  
    NYPH PT: 212-746-1529  
    HSS Sports PT: 212-606-1005  
    Star Physical Therapy (56<sup>th</sup> and Lex): 212-355-7827
4. Rehabilitation as per Dr. Kelly's protocol. Have therapist contact our office with any questions.
5. Please do not use bacitracin or other ointments under the bandage. Use the cryocuff(ice packs) as often as possible, and at least 30 minutes four times per day. An ace wrap may be used to help control swelling. Do not wrap the ace too thickly or the cryocuff will not penetrate.
6. You may shower on post-op day #4 if the incisions are dry. Gently pat the area dry after showering.
7. Do not soak the hip in water or go swimming in the pool or ocean until your sutures are removed.
8. Driving is permitted on post-op day #5.
9. Keep your leg elevated with a pillow under your calf, NOT under the knee.
10. Please call the office to schedule a follow-up appointment for suture removal, 10-14 days post-operatively, if you do not already have an appointment scheduled.
11. If you develop a fever (101.5), redness or drainage from the surgical incision site, please call our office to arrange for an evaluation.
12. You may experience some low back pain due to muscle spasm from the epidural anesthesia and / or traction. If so, apply heating pad to area and take an analgesic if you have not already done so.
13. Enclosed are two prescriptions for you to use post-operatively.  
    Mobic 15mg 1 tab once a day **OR**  
    Voltaren 75mg 1 tab 2 times a day **OR**  
    EC-Naprosyn 500mg 1 tab 2 times a day  
    Take 1<sup>st</sup> dose evening of surgery (anti-inflammatory)  
    Vicodin 1-2 tablets taken as needed every 4 to 6 hours (pain medication)

**If you have any questions, please feel free to call our office.**

**If you have any difficulty using anti-inflammatory medications or aspirin, or have a history of ulcer disease, please let us know.**

**Rchab:**

WB Status	Foot Flat with 20 lb. of pressure Duration _____
CPM	Start 30 – 70° Increase as tolerated 0 – 90° Duration _____
Sleeping	Boots or Ace Wrap feet when sleeping for _____ weeks
Brace	Daytime use Set at 0 – 90° of hip flexion Duration _____
Stationary Bicycle:	Immediate Post-op 1 – 2 times / day x 15 – 20 minutes *Avoid pinching in front of hip by setting seat high
Pool Exercises:	Begin P.O. Day #14 or as soon as sutures are removed and wound is healed. May use Op-Site or similar product for wound coverage.
Range of Motion	Per protocol precautions Exam stool internal rotation – Day 3 (may push early IR within pain limits) Exam stool external rotation – Day 7 (limit to 30 degrees ER) 2 – 3 sets x 12 – 15 reps Quadriiceps Rocking – Day 7 AROM – Within limits of brace or as tolerated if no brace is worn PROM – Within available pain free limits after brace is removed
Strength	Quad sets / Ankle pumps – Day 1 Isometrics in neutral Day 7 (*within painful limits) Bridges – Day 7 – 10 Isotonic weight equipment Day 14 *Except for leg press begin at 6 weeks *Shuttle / Pilates begin at 3 – 4 weeks dependent on WB Instant Replay (*per WB precautions) 2 Feet day 21 1 Foot day 28 – 42 Trunk Strength *Transverse Abdominus *Side Supports *Trunk and Low Back stabilization as tolerated
Function	No straight leg raises for four weeks May begin pool walking in chest high water Avoid antalgic gait Be aware of weakness of Gluteus Medius, Side Supports, and Transverse Abdominus strength in sagittal, coronal, and transverse planes.
Balance	As soon as WB is permitted begin working on both double and single leg balance with eyes open and eyes closed 10 reps x 5 seconds is a good place to start

#### فGeneral Considerations:

- Typically requires 3 months of supervised therapy
- **Month 1: Tissue Healing Phase (1 x per week)**  
Goals: Pain Control  
Decrease tissue inflammation  
Decrease swelling  
Maintenance of motion (flexion 0 - 90°; IR as tolerated; ER 0 - 30°)
- **Month 2: Early Functional Recovery (2 x per week)**  
Goals: Full PROM  
Progress to full AROM  
Early Strength Gains  
AVOID FLEXOR TENDONITIS AND ABDUCTOR TENDONITIS!!!
- **Month 3: Late Functional Recovery (3 x per week)**  
Goals: Advance strength gains – focus on abductor and hip flexor strength.  
Balance and proprioception.  
Continue to monitor for development of tendonitis.  
Progress to sport specific activity in months 4 and 5 depending on strength.  
Do not progress to running until abductor strength is equal to contralateral side.  
Progression to sport specific activities requires full strength return and muscle coordination.

#### فCaution

- Avoid anything which causes either anterior or lateral impingement.
- Be aware of Low Back or SI Joint Dysfunction.
- Pay close attention for the onset of Flexor Tendonitis and Abductor Tendonitis.
- Patients with preoperative weakness in proximal hip musculature are at increased risk for post-operative tendonitis.
- Modification of activity with focus on decreasing inflammation takes precedent if tendonitis occurs. This is not uncommon even within the first 3 months of tx.
- Athletes or Work Condition individuals only may be progressed faster unless microfracture or osteochondroplasty procedures have been performed.