Physiotherapy department

Physiotherapy following hip arthroscopy surgery

This leaflet gives you advice about recovering from your hip arthroscopy surgery. It explains exercises you should do each day, things to look out for and some general advice about activities, such as driving and returning to sport.

If you have any further questions, please speak to a doctor or the physiotherapist caring for you.

What is the procedure?
Hip arthroscopy is a minimally invasive surgical technique where it is possible to look inside the hip joint with the aid of a fibre optic telescope and then perform a variety of surgical procedures.

These procedures include repairing or trimming cartilage, removal of loose bodies such as cartilage or bone fragments from the joint, and removal of the synovium (the membrane lining the hip joint).

Most commonly hip arthroscopy is performed for labral tears (torn cartilage), removal of loose bodies, and to treat femoral acetabular impingement or FAI (where there is too much friction in the hip joint).

Physiotherapy – post operative exercises
Physiotherapy plays a very important role in your hip arthroscopy rehabilitation and there are specific exercises you need to follow after surgery. Your physiotherapist will discuss these with you and make sure you can do them safely and effectively.

Physiotherapy – walking
Your physiotherapist will also provide you with elbow crutches and teach you how to walk with them. Some people are instructed to partially weight bear, which means only walking with 50% of your weight on your operated side, and others can fully weight bear straight away. Please be guided by your physiotherapist.

Your exercise programme
Do the exercises on the following pages at least three to five times a day for the first two weeks after your operation. Repeat all exercises 10 times.
1. **Ankle pumps** – Lying on your back or sitting down, bend and straighten your ankles briskly (**Pic 1a and 1b**).

![Pic 1a](image1a.png) ![Pic 1b](image1b.png)

2. **Static quadriceps contraction** – Lying on your back with your legs straight, pull your toes up to the ceiling and push your knees down firmly against the bed. Hold for two to three seconds then relax (**Pic 2**).

![Pic 2](image2.png)

3. **Static gluteal contraction** – Lying on your back or sitting in a chair, squeeze your buttocks firmly together and hold for two to three seconds then relax.

4. **Supported knee bends** – Lying on your back, bend and straighten your operated leg as far as comfortable (**Pic 3**).

![Pic 3](image3.png)
5. **Lying hip abduction** – Lying on your back with your leg straight, slide your leg out to the side as far as you can and then back to midline. You may need some assistance with this exercise initially *(Pic 4a and 4b).*

6. **Standing hip abduction** – Stand holding onto a fixed surface, such as a kitchen work top. Keep your body straight with your hip, knee and foot facing forward. Keep your knee straight while you slowly lift your leg out to the side then return to the start position.

7. **Standing knee raises** – Stand holding onto a fixed surface, such as a kitchen work top. Lift your operated leg toward your waist but ensure it does not come higher. Hold for two to three seconds and put your leg down *(Pic 5).*

8. **Standing hip extension** – Stand holding onto a fixed surface, such as a kitchen work top. Keep your operated leg straight, take it backwards and then bring back to the start position. Do not lean forwards. Hold for two to three seconds *(Pic 6).*
Ongoing physiotherapy
When you are discharged home you may be referred for ongoing physiotherapy, either at Guy’s and St Thomas’ Hospitals or at your local hospital. Physiotherapy will help you regain hip movement and improve hip and core strength as well as prevent stiffness. Muscles take many weeks to recover not only from the surgery but from the long-term effect of the hip injury itself prior to surgery. Please be guided by your physiotherapist.

Will I be in pain?
You should expect a moderate amount of pain following your operation. You will be prescribed painkillers and it is important you take these regularly, as directed by the nurse looking after you, so that you can complete your exercises.

When can I leave hospital?
You will be able to leave hospital when you can walk safely on your own with elbow crutches and can complete the exercise programme on this leaflet. If you have stairs at home please let your physiotherapist know so that they can teach you how to use them safely.

When can I resume my normal activities?

Work
It is advisable to take at least two weeks off work after your operation, but this varies between individuals and depends on your type of job. The first week after surgery should be dedicated to your recovery so you should not work at all during this time. It is realistic to start desk-based work at home in the second week, with a graded return thereafter, provided your journey to work is manageable.

Return to full work is usually possible four to six weeks after your operation, again depending on how physically active your job requires you to be. Be aware it will initially be tiring being back at work and your rehabilitation will be ongoing, so setting time aside for exercise and your physiotherapy appointments may still be required.

Sports
From two weeks after your operation, you will be able to use a static bike and exercise in a pool. By four to six weeks, your hip should function almost normally in day-to-day life. You should be able to resume your usual gym activities, albeit at lower intensity.

Further improvements are expected over the next three to six months and a full recovery is really determined by your sporting goals. As a general guide, running and team sports are possible after three months. Please be advised by your consultant and your physiotherapist at your follow up appointments.

Driving
If you are fully weight bearing, confident walking without crutches and can get in to a car unaided, then driving is possible after one week. Always check with your insurance company before driving after your surgery as they may refuse to meet a claim if they feel you have driven too soon.
What should I do if I have a problem?
If you experience any of the following please see your GP:

- swelling has developed around the wound or the limb area
- the dressing has become loose or wet and requires changing
- the wound starts to smell and fluid is coming from the wound
- the wound is more tender and you are experiencing more pain
- the wound starts to bleed
- you have a temperature or start to feel unwell.

Contact us
If you have any questions or concerns regarding physiotherapy, please contact the orthopaedic physiotherapy team on **020 7188 5432** (Monday to Friday, 8.30am to 6.30pm).

Patient Advice and Liaison Service (PALS) – To make comments or raise concerns about the Trust’s services, please contact PALS. Ask a member of staff to direct you to the PALS office or:
**t:** 020 7188 8801 at St Thomas’  **t:** 020 7188 8803 at Guy’s  **e:** pals@gstt.nhs.uk

Knowledge & Information Centre (KIC) – For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas’ Hospital.
**t:** 020 7188 3416

Language support services – If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.
**t:** 020 7188 8815  **fax:** 020 7188 5953

NHS Direct – Offers health information and advice from specially trained nurses over the phone 24 hours a day.
**t:** 0845 4647  **w:** www.nhsdirect.nhs.uk

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