

Hip Rehabilitation Post-Reparative Medicine Treatment

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- First Days Post Treatment
 - **Use the crutches and remain non-weight bearing for the prescribed number of days.** This period typically lasts 2 to 3 days depending on the specific treatment as well as the type and severity of the hip injury.
 - It is best if you can attend a physical therapy session before your treatment to establish a base-line evaluation for your hip as well as for training in walking with crutches or walker on level surfaces and steps.
 - It is very important during this time not step on the affected leg. This includes even a single step to grab something. **If you feel you are at risk for falling, please use treated leg to catch your balance. It is more important to avoid a fall than to not step on your treated leg. The treatment will still work.**
 - The concept for not putting body weight on the hip is that the reparative treatment was precisely placed into hip joint and supporting ligaments and loading the hip during this critical phase may displace the treatment. The hip is a ball-and-socket type joint and loading this joint may displace some of the treatment out of contact with the joint. When hip ligaments and tendons support body weight, they squeeze tightly together: picture wringing out a wet dishcloth (which we want to avoid during this phase).
 - Before you leave the office, make sure the crutches fit you properly. You may gently flex and extend your knee throughout the day.
 - Be careful on stairs. Consider sliding down stairs on your bottom. For sleeping, it may be more comfortable to place a pillow under your knees.
- Once off the crutches; for the next 2 weeks
 - Walk normally. Although your hip may be sore, it is ok to walk (but not for exercise yet). If you feel better using your crutches to partially bear weight for a few additional days, you may use the crutches.
 - Range of motion
 - Heel Slides: Lie on back, legs out straight, gently bend knee pulling heel towards bottom, then push back out to straight. Do not flex the hip (do not pull the knee into the chest to more than 70 degrees). Keep heel supported on surface. Use a belt or strap looped around foot to assist for gentle range of motion. Gently flex and extend 20-30 repetitions, 4 times per day. Gentle easy stretching is ok.
- Two to Three weeks after treatment, add the following exercises: (go easy)
 - Hip Drop: Lie on back with knees bent (feet flat). Slowly allow one knee to drop out to side (keep knee bent) until gentle stretch is felt. Hold 2-3 seconds for 20 repetitions, 4 times per day.
 - Ball/ Pillow squeezes: Lie on back with knees bent (feet flat on floor). Use a ball or pillow to squeeze between knees. Hold for 5 seconds for 20 repetitions, 4 times per day.

- Bridging (lifting bottom): Lie on back with knees bent (feet flat on floor), lift your bottom (buttocks) by pushing down through legs, hold for 2-3 seconds for 20 repetitions, 4 times per day.
- Clamshells: Lie on one side, knees and hips bent, legs together. Keeping feet together, lift top knee towards ceiling (do not allow hip to tilt back). Hold for 2-3 seconds at the top for 20 repetitions, 4 times per day.
- Easy spinning (low resistance) on an exercise bike, either recumbent or sitting upright. Make sure the seat height is correctly set, with the knee with only a slight bend at the bottom of the peddle stroke. Start at 20 minutes every other day and work up to 30 minutes per day. Gradually increase the resistance over 3 weeks. Do not stand and peddle.
- Guidance for Physical Therapy
 - Start hip PT at SIX weeks post-treatment. **IMPORTANT:** do not passively range the hip). This can hurt the new repair. **IMPORTANT: do not flex the hip more than 90 degrees (a deep squat) for the next 6 months, this is critical for hip labral repairs.** This has the potential to “scour” off the new repair. The initial goals will be to restore normal gait (walking stride), slowly restore full active range of motion to the hip and re-establish proprioceptive control of limb. Some brief (10 minutes or less) periods of heat or ice therapy will not hurt the therapy, but it is not required. Avoid modalities such as any form of laser or electrical stimulation. Dry needling is fine if needed.
- For the next 6 months, avoid aggravating activities. **It is especially important to avoid going into a deep squat or lunge for the next 6 months.** You may gradually squat lower over time, but do not go down until your thigh is parallel to the ground. **A deep squat or lunge (with your injured hip forward) can re-injury your hip,** especially while it is healing. If you are doing well, you can gradually re-introduce running at 4 months. Ask your PT for a return to running program.
- Exercise is vital to good health and finding a way to cross train around your injury is important not only for your physical health, but for your mental health as well. Ask me about cross training options for your injury. For hip injuries, swimming with a pull buoy between your legs or an easy flutter kick is usually tolerated after 1 month, but do not push off the wall of the pool side between laps. **NO** breaststroke kick for 4 months. After one to two months, you can try walking for exercise or an easy session of 5 minutes on an elliptical trainer and see how it feels. If you feel ok the next day, you can build by 5 minutes a day every other day. Avoid running for at least 4 months, and then start back very gradually.