
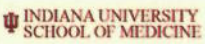




How I optimize my rehabilitation

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International Society for Hip Arthroscopy
San Francisco, CA



Disclosures

- OrthoPediatrics
 - Stockholder



Biases?



5 Patient types

- Non Operative treatment
- Pre Operative
- Post Operative doing well
- Post Operative not doing well
- Set back, well removed from surgery

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Non Operative treatment

- New onset of symptoms without prior treatment.
- Absence of pathology.
- Minimal symptoms.
- Unrealistic expectations.




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Non Operative Treatment

- Postural Correction
- Normalize gait mechanics
- Core strength
- Activate/strengthen glutes.



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Pre-operative treatment

- Surgery is indicated but patient is not ready for surgery.
 - Timing
 - Sports
 - Insurance
 - Poor mechanics
 - Disproportionate pain
 - Wean off pain medications




Therapy helps...but screaming obscenities is faster and cheaper!

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Pre-operative treatment

- Postural correction
- Muscle balance
- Regional impairments
- Arthrokinematics
- Core
- Glutes
- Emotional Support




SERENITY NOW!

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Post Operative Therapy

- Tailored to the procedure performed
- Individualized for the patient
 - Age
 - Sport
 - Occupation
 - Goals

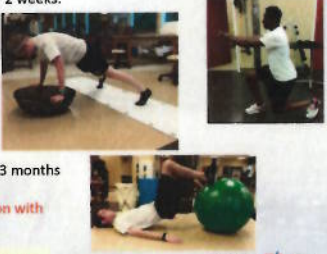


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Post Operative protocol

- WBAT, wean crutches ~2 weeks.
- Edema/pain control
- Address Pre-op deficits
- Gait training
- Glute activation
- Bike immediately
- Elliptical 4-6 weeks
- Stairmaster 6-8 weeks
- Run 10-12 weeks
- Functional progression 3 months
- RTP 4-6 months
- Frequent communication with the therapist



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Struggling post operatively

Usually a failure of physical therapy

Rule out joint problem

Exam, X-ray, MRI

Identify confounding factors.

Activity level

Social stresses


Narcotic usage

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Struggling post operatively

- Evaluate the PT they've had
- Movement system impairments
 - Muscle imbalance
 - Relative flexibility deficits
 - Inability to activate key muscles
- Gait mechanics
- Posture
- Joint and soft tissue mobilizations
- Neuromuscular re-education.




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Set back well removed from surgery


- Assess the quality of your surgery
- Rule out re-injury
- Is this a new separate injury?
- Or failure to fully recover



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Set back

- Is their strength and flexibility appropriate for their desired activity?
 - Too much too soon
- Body mechanics
- FMS/SFMA
- Compensations



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Summary


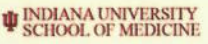
Utilize a team approach with your physical therapists when evaluating and treating patients with hip pathology

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Summary

Therapy plays a vital role in preparing patients for surgery and managing expectations


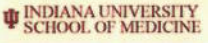


Summary

Post-operatively: edema control, gait mechanics, gluteus medius activation.

Individualize treatment to patient/procedure


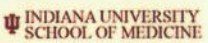
Open communication



Summary

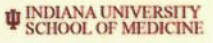

If they are struggling, rule out structural problems

Most commonly a failure of Physical Therapy



Summary

If someone starts to develop problems late, most commonly they were never properly rehabilitated for their desired activity

Thank You

