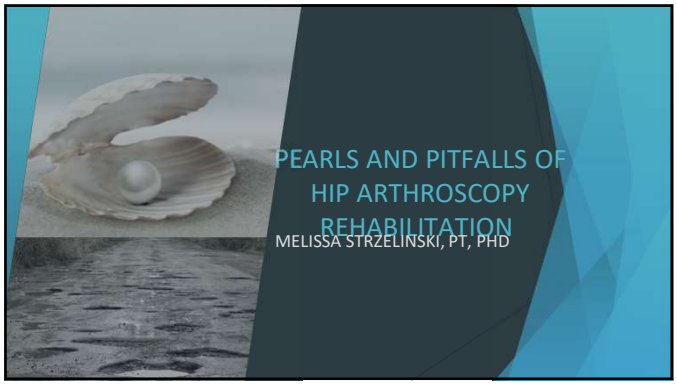
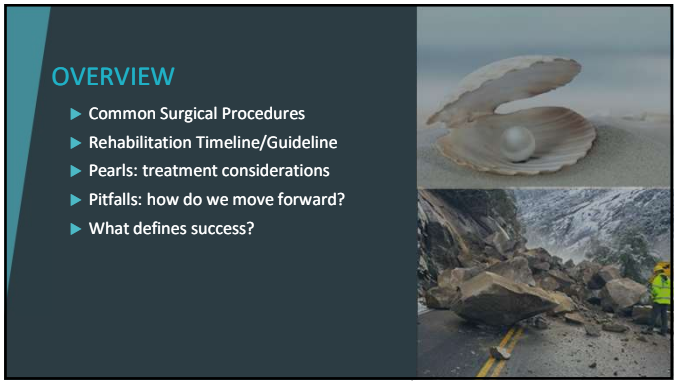

PEARLS AND PITFALLS OF
HIP ARTHROSCOPY
REHABILITATION
MELISSA STRZELINSKI, PT, PHD


I HAVE NO
DISCLOSURES


OVERVIEW
Common Surgical Procedures
Rehabilitation Timeline/Guideline
Pearls: treatment considerations
Pitfalls: how do we move forward?
What defines success?

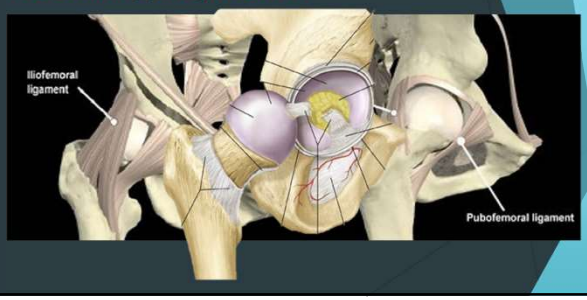
## COMMON PROCEDURES

- Osteoplasty and Rim trimming
- Chondroplasty
- Labral Repair with Anchors
- Thermal Treatment
- Capsular Plication
- Bursectomy
- PRP and Supartz

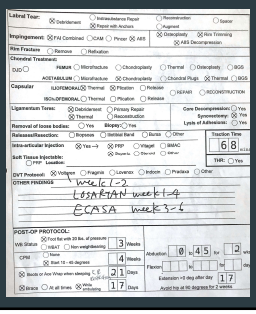
## NOT-SO-COMMON PROCEDURES

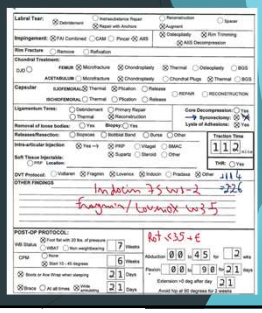
- Microfracture
- Labral augmentation/Spacer
- Labral reconstruction
- Capsular reconstruction
- Remplissage
- Ligamentum teres reconstruction
- Core decompression

## THE WHAT GUIDES THE WHY



## THE WHAT GUIDES THE WHY





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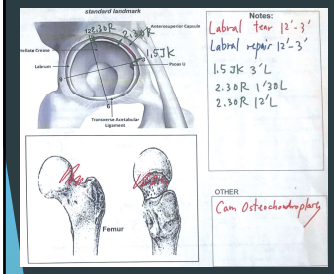
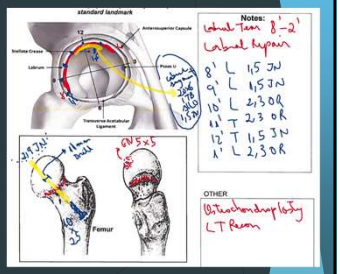
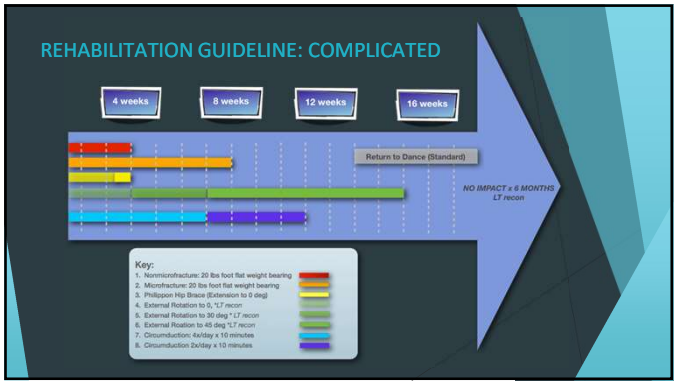



## REHABILITATION TIMELINE - COMMON


REHABILITATION GUIDELINE: COMPLICATED
4 weeks
8 weeks
12 weeks
16 weeks
Return to Dance (Standard)
NO IMPACT x 6 MONTHS
LT recon
Key:
1. Nonmicrofracture: 20 lbs foot flat weight bearing
2. Microfracture: 20 lbs foot flat weight bearing
3. Philippon Hip Brace (Extension to 0 deg)
4. External Rotation to 0, *LT recon
5. External Rotation to 30 deg * LT recon
6. External Roation to 45 deg *LT recon
7. Circumduction: 4x/day x 10 minutes
8. Circumduction 2x/day x 10 minutes


IT TAKES 21 DAYS TO MAKE A NEW HABIT
BEGIN WITH THE END IN MIND
OLD MOVEMENT PATTERNS DIE HARD
THE BANK ACCOUNT ANALOGY


THERE IS NOTHING STANDARD ABOUT A REVISION
NO 2 PATIENTS ARE THE SAME
CREATE MILESTONES, NOT TIMELINES
MAINTAIN MOTIVATION

## HOW DO WE DEFINE SUCCESS?

Arthroscopy

The Journal of Arthr

"…the ***lack of uniformity in the methodology*** used and underpowered case series ***limit the ability to identify clear and predictable differences after corrective surgery for FAI.*** Though statistically significant, **functional outcome improvements were often conflicting and not necessarily of clinical significance.**"

Grassby, Asheesh Bedi, M.D.,

## HOW DO WE DEFINE SUCCESS?

**Functional Testing Provides Unique Insights Into the Pathomechanics of Femoroacetabular Impingement and an Objective Basis for Evaluating Treatment Outcome**

JOURNAL OF ORTHOPAEDIC RESEARCH SEPTEMBER 2013

Jonathan Rylander,[1,2] Beatrice Shu,[1] Julien Favre,[1] Marc Safran,[3] Thomas Andriacchi[1,2,3]

*"Prior to surgery, FAI patients had **significantly reduced hip internal rotation** and hip **sagittal plane range of motion** during walking and stair climbing compared with controls. Post-operatively, these motions were **restored to normal during walking**, but remained **significantly reduced** in the FAI patients **during stair climbing**."*

## HOW DO WE DEFINE SUCCESS?

GAIT & POSTURE

February 2013 Volume 37, Issue 2, Pages 258–263

The
corr

Nichols

*"…**gait biomechanics did not return to normal after surgery**. Postoperatively, patients had reduced hip frontal and sagittal plane ROM, smaller peak hip abduction and internal rotation moments, and decreased peak hip power generation compared to the control group. **Despite reductions in hip pain, hip impairments and trends detected preoperatively persisted postoperatively.**"*

## HOW DO WE DEFINE SUCCESS?

Arthroscopy

"The majority of studies reviewed were **Level IV evidence**. The **modified Harris Hip Score** was the most commonly used outcome score. Arthroscopic intervention results in **improvements** in **functional outcomes** at both the **short-term** and **midterm** for patients with symptomatic FAI ***in the absence of significant existing degenerative changes.***"

The Journal of Bone and Joint Surgery. 99(12):997-1004, JUN 2017
DOI: 10.2106/JBJS.16.01060, PMID: 28632588
Issn Print: 0021-9355
Publication Date: 2017/06/21

**Survivorship and Outcomes 10 Years Following Hip Arthroscopy for Femoroacetabular Impingement: Labral Debridement Compared with Labral Repair**

Travis J. Menge; Karen K. Briggs; Grant J. Dornan; Shannen C. McNamara; Marc J. Philippon

*"…resulted in **significant improvements** in **patient-reported outcomes** and **satisfaction** of patients who did not eventually require THA. **Higher rates of conversion to THA** were seen in **older patients**, **patients treated with acetabular microfracture**, and hips **with ≤2 mm of joint space preoperatively**, regardless of labral treatment."*

Pearl Formation

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