Essentials of Managing the Revision Hip Arthroscopy Patient

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Revision Hip Arthroscopy

- Rapid increase in number of primary hip arthroscopies being performed
- Increased number of surgeons being trained
- Significant learning curve with procedure
- Thus the prevalence of revision arthroscopies will increase
- Commonly performed procedures
  - Osteoplasty for residual impingement
  - Lysis of Adhesions
  - Capsular plication
  - Labral reconstruction
  - Microfracture
  - Subspine resection

Where Are We With Rehab?

- Limitations
  - Variability in rehabilitation guidelines
  - Few publications on hip arthroscopy include a description of the rehab program
  - Criterion-based progression recommended, but have not been validated
  - Currently no specific evidence available to guide rehabilitation after revision procedures

Disclosures

- No personal disclosures/conflicts
- No institutional disclosures/conflicts
What can we do?

Pre-Operative Physical Therapy

- **Purpose**
  - Early identification of potential barriers to successful recovery
    - Potentially non-compliant patients
    - Reasonable time off from work/school
    - Poor home set up or caregiver assistance
    - Psychological factors

- **Patient Education**:
  - Activity level & positioning recommendations
  - Gait training with expected WB precautions
  - Immediate home exercise program
  - Reduce over-utilization of PT early in recovery
  - General recovery timelines & rehab progression
  - Discuss expectations & prognosis

What should the patient expect?

- **Self Reported Outcome Scores**
  - Significant improvement is reported after revision procedures
  - Revision scores < primary procedures
  - Lower scores in those with 2+ revision procedures

- **Greatest improvement**
  - greater joint space
  - required capsular plication
  - unrepaired labral tear during initial procedure

- **Discuss expectations and outcomes early to ensure patient satisfaction**

Recovery Plan Considerations

- **Ensure use of a structured rehab program**
  - Patients often travel to centers for revision
  - Complete rehab closer to home
  - Less experienced vs specialized PT care
  - Lack of communication from/with PT
  - Assist with PT referral & develop network
  - Discourage unguided independent rehab

- **Multi-disciplinary approach at follow up visits**
  - PT consultation included
    - Modification of current program
    - Provide communication back to primary PT
  - Assess clinical milestones
    - Ex. ROM, D/C of AD, RTS testing
What Is Different?

- Prolonged early phase of rehab is common
  - ↑ pre-operative soft tissue dysfunction
  - ↑ pre-operative compensatory movement patterns
  - Greater muscular imbalances
  - Presence of co-existing conditions:
    - LBP
    - SI Joint
    - trochanteric pain
    - Modification of protocol may be necessary

- “Slower progression” /attentive progression
  - PT to be advanced per established criteria
    - ↓ adherence if PT unfamiliar or protocol is complex
    - Rapid progression common
    - Increased PT not necessarily better care
    - ↓ frequency of PT in early phase
    - Consider simplifying protocols

Preventable Complications

- Premature D/C of AD\(^8,9\)
  - Necessary pain free ROM
  - Adequate frontal plane stability
  - No reactive or progressing intra-articular symptoms

- Rapid Progression of strengthening ex\(^8,9\)
  - ROM is priority early
  - Delay progression if intra-articular symptoms remain
    - positional & activity modification
    - unloaded or transitional positions
    - Delay use of single leg WB exercises

- Initiation of Agility & Sport activity without necessary ROM or dynamic control

Preventable Complications

- Do not advance beyond early stages until functional ROM, fundamental muscle activation, and basic movement patterns are restored

Return To Sport Considerations

- Return to Sport
  - Limited evidence available
  - HOS-Sports subscale > in pts with only one previous surgery

- Patient Counselling
  - Activity modification & joint protection strategies
    - ↓ volume of high impact activities
    - ↓ frequency of high velocity end range movements
    - Discuss risk vs benefit of specific sport activities

- Multi-disciplinary approach
  - Expectations & goals discussed early in recovery
  - Recommendations based on underlying joint health & procedure performed
  - Strict adherence to selected RTP criteria
Conclusion

- Set clear expectations prior to or early in recovery to ensure patient satisfaction
- Follow a structured rehabilitation program with guidance from experienced therapist
- Restore pain free functional ROM prior to advancement of weight bearing exercises
- Adhere to established criteria for rehab progression and return to sport
- Utilize a multi-disciplinary approach throughout rehabilitation

References


Thank You

- ISHA
- Physiotherapy planning committee