

Letter to Physiotherapist Rehab Specialist Guideline Philosophy:

I think the whole concept has moved from hip 'arthroscopy or keyhole,' to hip preservation. This to me is a significant change in mindset of the therapists and surgeons.

I strongly feel that my philosophy of 'Biological reconstruction of the Hip' embraces this ideal from several different angles, allowing us to use an aggregate of marginal gains that results in an exponential sum gain outcome.

Do the Surgery Well: This means doing the basics well, recognising the pincer and cam pathology and addressing them on an individual basis. Being prepared in every case to go the whole hog and do a labral repair or reconstruction if needed.

Orthobiologics and Stem Cells: Addressing any cartilage defects within the hip joint with biological collagen scaffolds and bone marrow or lipo-derived stem cells is a vital part of this reconstruction. The aim is to keep your natural joint, stronger for longer!

I offer all my patients a bespoke individualised package that will address all the above issues that cause poor hip function and early failure. That's the hard part from me done... over to you now...

Accelerated Recovery: The hard part from the patients perspective comes into play immediately after surgery: how do I get back to normal function and ensure I have a great recovery...what does look like?

Again, this can be quite different depending on your own circumstances. The one key factor here is how good or poor your core gluteal and abductor condition are pre-op. If there is nothing there to start with then the road is a longer and harder one as we have to build your muscle, strength, stamina and endurance from scratch. Good core pre-op condition will allow a faster recovery.

Accelerated Recovery can mean return to 90% function within 6 weeks. My philosophy here is:

Stage 1: Week 1; Wake up the core: glutes and abductors, avoid overdoing the psoas hip flexors.

Stage 2: Week 2; Get rid of the crutches and start to work on balance, muscle control and hip adductor stretches and strength.

Stage 3: Week 3; Stamina and endurance phase starting slow then increasing to 90% by week 6.

This accelerated recovery is only possible with the Biological Recon (as opposed to microfracture, the old traditional cartilage defect procedure) because the Bio Recon construct is much more stable and can take the early weight bearing much better than microfracture, which requires 6 weeks touch weight bearing.

Medication: We tailor a package to meet your needs for pain, anti-inflammation and cartilage enhancing growth factors to give the best chance of success.

Concentrate on core gluteal function and conditioning and avoid overloading psoas. You can combine the rehab guidelines attached to suit needs. I am happy with use of cycles, treadmill and crosstrainers. I expect to start pushing rotational activity after three or four weeks

Pool at 4 weeks due to wound care.

I am quite happy for you to start gentle active and passive hip openers and abduction and adductor rehab.

Just wake up the glutes and don't overload the psoas or overdo rotation at this point. See how you go and how she responds not pushing past 7 out of 10 for pain.

Once patient is independent of crutches, you can start to push the boat out.

Hope this helps!

Regards

Mr Chana

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