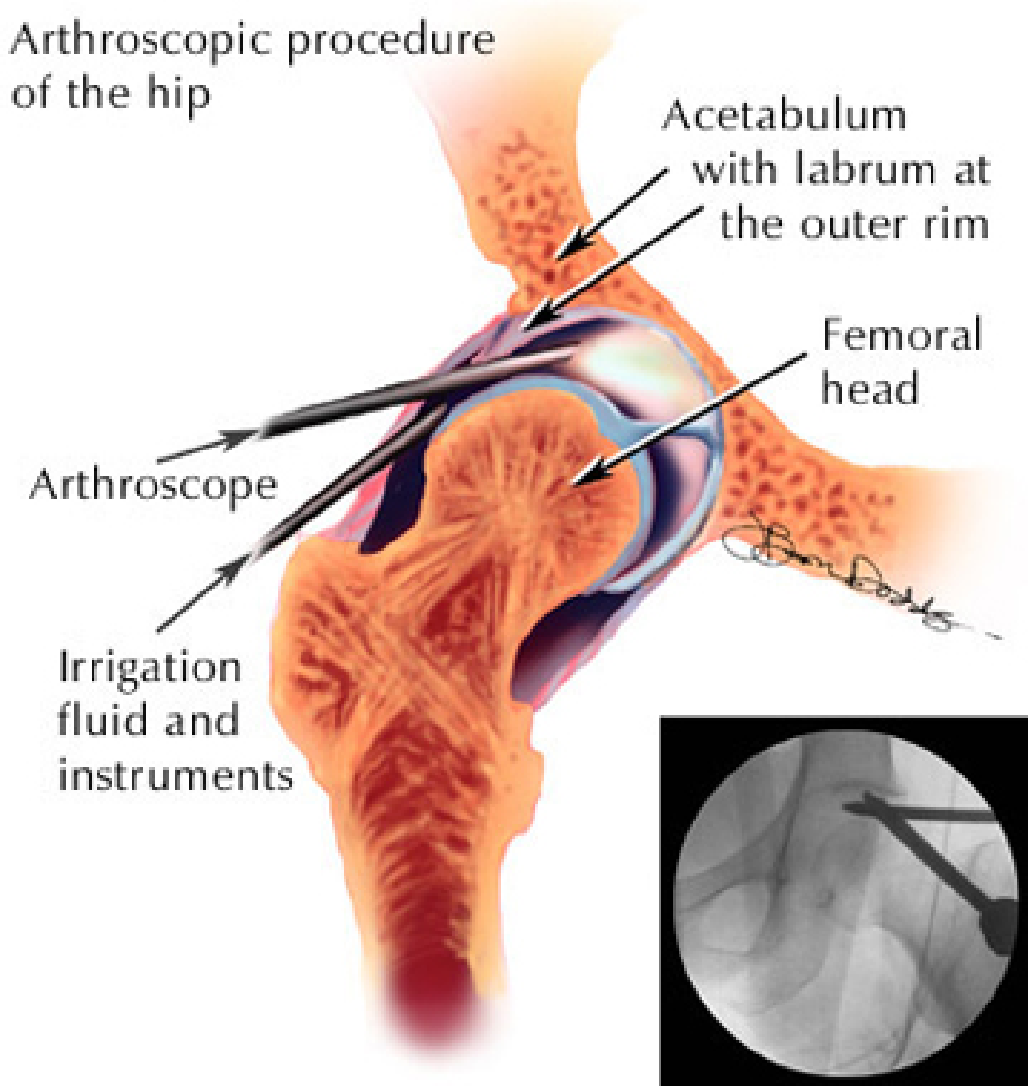
Patient's Guide to Hip Arthroscopy



This education brochure adapted with modifications and courtesy of
Dr. Benjamin Domb, American Hip Institute, Chicago, Illinois

You are entering a mutual relationship in which my staff and I are committed to improving the quality of your life. This booklet was developed as a resource and teaching tool pertaining to your procedure.

An important part of your recovery is your commitment to the care and rehabilitation of your improved hip. We understand that the preparation and recovery process can be challenging and we encourage you to read through this packet and highlight questions or notes that you would like to discuss with the staff.

Please bring this booklet to your pre-operative appointment so we can review with you.

Thank you for allowing me and my staff to take part in your health care needs.

Sincerely,

Dr. Lyall Ashberg

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atlantis
ORTHOPAEDICS

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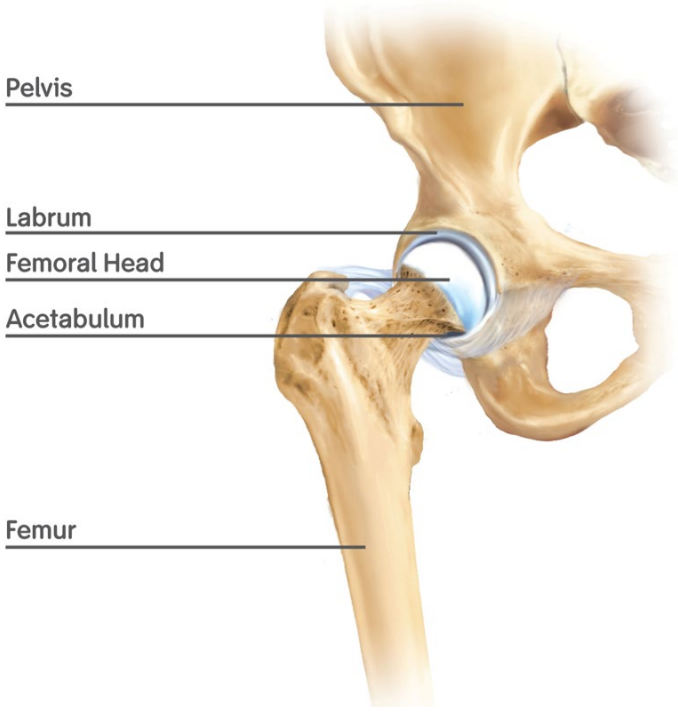
Your Team

You will have a dedicated team helping you through the surgery process. Please see below for a list of team members. Our team is quickest to respond via our email: **nakia.taylor@hcahealthcare.com** If you would like to talk via phone, please email us your preferred contact number.

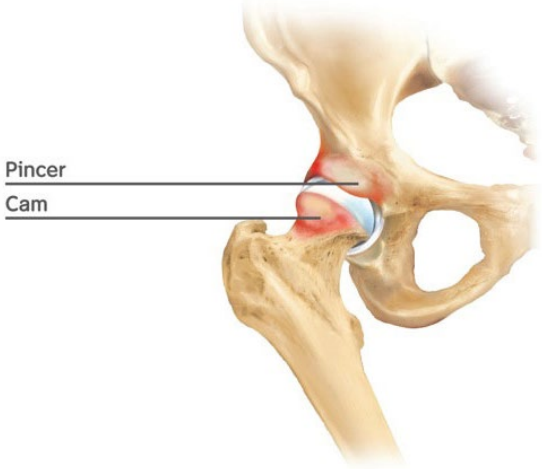
Nakia Taylor Nakia.taylor@hcahealthcare.com	Team Manager/Case coordinator
Melodie De Jesus Melodie.dejesus@hcahealthcare.com	Clinical Assistant,
Ashley Nowling Ashley.nowling@hcahealthcare.com	Clinical Assistant

How the Hip Works

The hip joint is a "ball and socket" joint. The "ball" is known



anatomically as the femoral head; the "socket" is the part of the pelvis known as the acetabulum. Both the femoral head and the acetabulum are coated with articular cartilage. Like all joints, the hip has synovial (joint) fluid, which allows for smooth, painless movement within the hip joint.



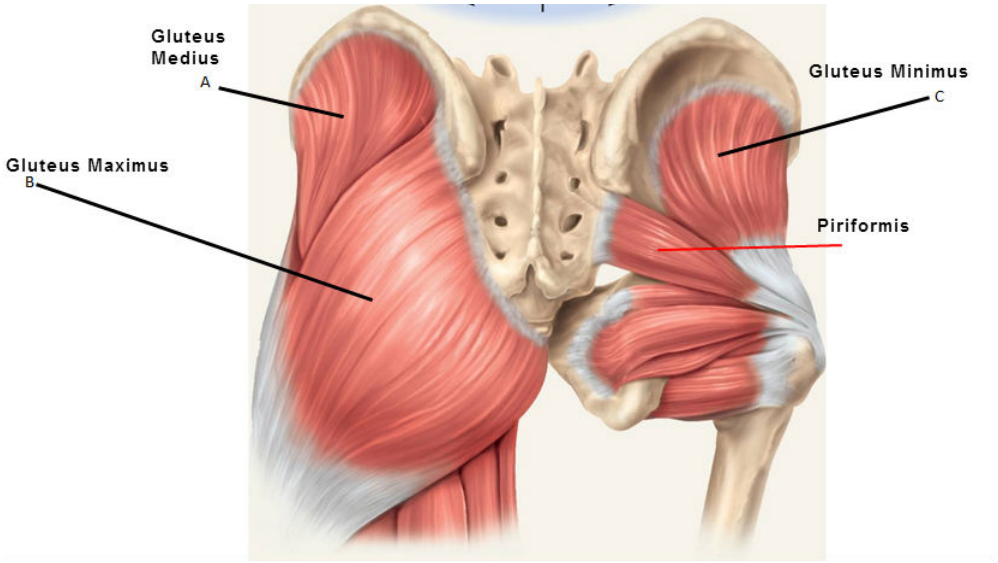
The **labrum** of the hip, like that of the shoulder, is a ring of rubbery fibrocartilage around the rim of the acetabulum, which deepens the hip socket and acts as the suction seal of the hip joint (similar to a gasket in a car). The intact labrum seals the lubricating fluid within the hip and contributes to stability of the joint. One of the most common causes of hip pain involves damage to the labrum.

Femoro-acetabular Impingement (FAI) & Labral Tears

Femoro-acetabular Impingement (FAI) is a common generator of pain in the hip. Impingement can lead to labral tears and eventually to hip arthritis. Impingement is most commonly described as anatomic bony variability of the acetabulum (socket) and femur (leg bone) that causes the two bones to rub against each other during certain hip motions.

There are two distinct forms of hip impingement; over-coverage of a socket, known as Pincer impingement and a non-spherical femoral head, known as Cam impingement. During hip motion, either during sports or with daily

activities, the non-spherical femoral head and socket can rub against each other and cause pinching or entrapment of the labrum, often resulting in a



labral tear.

When the labrum is torn, the hip's suction seal is disrupted and the joint loses its lubrication and stability. This can compromise the articular cartilage and can lead to arthritis over time.

Labral tears can be repaired arthroscopically. When repairing a labral tear, the mechanical (boney) impingement must also be addressed in order to make sure the damage does not reoccur.

Arthroscopic treatment involves trimming the over coverage of the acetabular rim, known as an acetabuloplasty. Shaving down the bump on the femoral neck (Cam), known as a femoroplasty and involves re-shaping the femoral head to restore its spherical contour. Both procedures help the ball-and-socket joint to move in all directions without impingement.

Gluteus Medius Tears

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The gluteus medius is a muscle on the outside of the hip, which is important for abduction (lateral movement away from the body). This muscle helps one stand up right and walk without a limp.

Gluteus medius tears, also known as the rotator cuff tear of the hip, involve tearing of the gluteus medius muscle from its attachment to the greater trochanter, commonly known as the “lateral hip bone”. Gluteus medius tears may cause persistent pain mimicing trochanteric bursitis. They may also cause weakness and limping.

When physical therapy and injections in the trochanteric bursa do not provide lasting relief, the diagnosis of gluteus medius tear should be suspected. In many cases, a torn gluteus medius can be repaired arthroscopically by sewing the torn part of the gluteus medius tendon back to the bone using tiny suture-anchors. This procedure has a high success rate in treating pain, and may restore strength to the gluteus medius muscle.

If the tear is too large, an open gluteus medius repair may be undertaken. Similar anchors are used to stabilize the repair or the tendon to the bone. In rare cases where the gluteus medius is weakend, the gluteus maximus muscle may be transferred, restoring strength and function of the hip abductors.

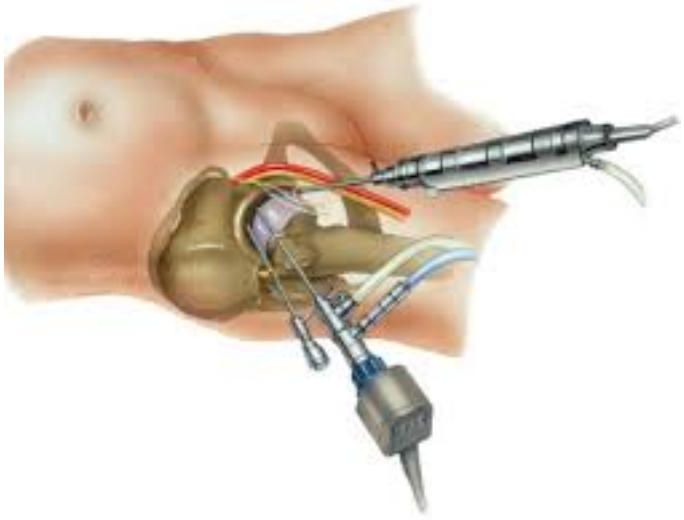
What is hip Arthroscopy?

Hip arthroscopy is a minimally invasive means of accessing, inspecting and treating hip conditions, using a "surgical telescope".

Similar to knee arthroscopy ("knee scope"), hip arthroscopy relies on accessing the joint through small stab incisions, called portals.

It is the newest and fastest growing discipline in orthopaedics. Its rapid growth has allowed us to learn vast amounts about how the hip works and has enabled us to better understand and treat, previously unrecognized pathology.

How is it different? Unlike the knee or shoulder, the hip is a very deep, constrained joint, requiring special instruments and techniques to access it. Specialized training and experience is necessary to master these techniques.



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Pre-Surgical Checklist

For your surgical experience to proceed smoothly, each of the following items must be completed prior to the day of your procedure.

☐ ***Attend your pre-operative appointment with Dr. Ashberg***

☐ ***Discontinuing Medication before Surgery:*** Your medications will be discussed with you at your preoperative appointment. You will be given specific instructions on what medications you can continue to take and if any need to be stopped before surgery and if so, for how long.

- ***One week before surgery*** it is necessary to stop taking the following medicines unless otherwise directed by your medical physician:
  - All anti-inflammatory medicines (Aleve, Advil, Motrin, Ibuprofen, Voltaren, Naprosyn, Celebrex, etc.)
  - Nutritional supplements (Vitamin E, Ginseng, Ginko Biloba, Garlic, Ginger, etc.)

- ***Consult with your prescribing physician*** for the appropriate and safe discontinuation of any medication before surgery, particularly:
  - **Aspirin, Coumadin, Warfarin, Plavix, Heparin, Lovenox and/or any other blood thinning medications:** These medications need to be safely **discontinued at very specific times** before surgery. Some medical conditions can be life threatening if these medicines are stopped without appropriate timing and precautions.
  - ***Rheumatologic medicines*** such as **Enbrel and Humira:** Discuss with your Rheumatologist as some medications need to be **discontinued one month prior** to surgery

☐ ***Arrange for transportation home following discharge.***

- You will not be permitted to drive yourself. Your surgery **will be cancelled** if this not arranged.

☐ ***A brace will be provided and fitted specifically for you.***
- This should be brought to the operating room with you on the day of surgery, as the nurses will put it on you after the procedure. This will be issued at your pre-operative appointment.

☐ ***Bring crutches with you to the hospital.***
- You will receive your crutches at your preoperative appointment.

☐ ***Schedule your first physical therapy session.***
- For most surgeries, post-operative physical therapy will begin the **day after** surgery, unless advised otherwise by Dr. Ashberg. Please ensure to scheduled your appointment and arrange the necessary transportation.
- Your physical therapy prescription will be provided to you on the day of surgery. **Please take your physical therapy prescription to your first therapy session.**

☐ ***Complete your pre-surgical questionnaire online*** *(Not available yet, in construction)*
- You will receive an e-mail with a personalized link to your questionnaire.
- This will help us track your personal improvement post-operatively in order provide you with the highest quality care. (See: Clinical Outcomes Program)

Preoperative Insurance Information

Before proceeding with surgery, we would like to share some information related to insurance coverage:

Most major insurance companies have a medical policy related to Femoro-acetabular Impingement (FAI) and/ or labral repair. This means that your insurance carrier may require you to meet certain criteria for you to obtain full coverage and benefits.

There are unlisted arthroscopic procedure codes (CPT code 29999) involved with surgery. All surgical procedures performed by Dr. Ashberg are medically necessary based on your physical evaluation and imaging, and are well-established procedures proven in the published medical literature. If a procedure is unlisted, this means that there is not a code assigned by Medicare for the procedure. "Unlisted" does *not* mean "experimental", as all unlisted procedures used are based on medical evidence. Despite the medical evidence, some insurance companies may call certain procedures experimental, investigational, and/or not medically necessary, and deny payment on this basis. Prior to surgery our staff will attempt to pre-authorize your procedure and ensure the necessary criteria has been met per your insurance carrier. Please note that a prior authorization is not a guarantee of coverage.

As a service to you as our patient, our billing department will file an appeal for any surgical code denied by your insurance carrier. Please note: the appeal process may be prolonged, and its speed may be determined by the insurance company. Once a final resolution is received on all surgery charges for surgeon and assistants, if a balance remains you will be refunded any balance of your deposit, less deductible, coinsurance, or charges for uncovered services.

Dr. Ashberg will discuss the procedures he determines are best suited to treat your condition. Some common procedure (CPT) codes are listed on the following page.

Common CPT Codes

29861 Arthroscopy, hip, surgical; with removal of loose or foreign body

29862 Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), and/or resection of the labrum

29863 Arthroscopy, hip, surgical; with synovectomy

29914 Femoroplasty – The femoral head (ball) is reshaped to recreate its spherical form, removing a cam lesion (bone spur)

29915 Acetabuloplasty – The acetabulum (socket) is trimmed to eliminate over-coverage

29916 Labral Repair- Labral repair is performed using suture anchors to reattach the torn cartilage to the rim of the hip socket

29999 Unlisted Procedure: Labral reconstruction, Ligamentum Teres Reconstruction, Capsular Release, Capsular Plication, Microfracture, Gluteus Medius Repair, Iliopsoas Fractional Lengthening, Trochanteric Bursectomy, Piriformis Release.

Please visit the Atlantis Orthopaedic website for descriptions of the procedures
www.atlantisortho.com

Please do not hesitate to contact our office with any questions or concerns:
Nakia.taylor@hcahealthcare.com

Day before Surgery

- ✓ ***Do not eat or drink anything after midnight before your surgery.*** Your stomach needs to be empty for surgery. You will be instructed as to which of your medications can be taken on the morning of your surgery with small sips of water only.

- ✓ ***A Registered Nurse will call you one day prior to surgery*** (Friday for a Monday procedure) to inform you of your arrival time at the surgery center or hospital and to answer any additional questions.
  - ***If you have not heard from a nurse by 3pm the day before surgery, please call the surgical center or hospital to ask.***
  - The contact numbers and addresses for the surgical center and hospitals are provided at the end of this packet.

- ✓ Shower with Hibiclens© antibacterial soap the night before and the morning of your surgery. Hibiclens can be purchased as an over the counter item at your local pharmacy.
  - Avoid using Hibiclens on the face, genitals or mucous membranes
  - You may use regular shampoo on your hair
  - Do not use lotions, powders or deodorants after cleansing with Hibiclens
  - If you have any allergies or sensitivities to soaps, you may use your own soap Please discuss with your health care team at your pre-operative visit
  - Do not shave near the area of your surgery for 3 days prior to your surgery
  - Follow your normal oral care routine
  - Avoid wearing make-up and nail polish
  - Use clean towels and bedding

- ✓ Avoid alcohol and smoking 48 hours before and after your surgery.

Day of Surgery

Your surgical team will consist of Dr. Ashberg, a surgical assistant, anesthesiologists, registered surgical nurses and physical therapists. Each individual is important in your care and will provide their expertise to give the best surgical and rehabilitative experience.

- ✓ **Follow the Fasting Instructions** provided to you during your pre-operative telephone call. Refrain from any food or drink after 12:00 midnight the night prior to surgery. If you were instructed to take any of your medications, take the morning of your procedure with a sip of water. If you are diabetic, do not take any oral medication for your diabetes unless otherwise instructed to by your medical physician.
- ✓ ***Please bring hip brace and crutches with you to your surgical location.***
- ✓ Dress comfortably.
- ✓ Staff will guide you to the pre-operative unit. Here you will be asked to change into a gown and be prepared for surgery.
- ✓ The site of surgery will be shaved and prepped.
- ✓ You will need to remove contact lenses. Please bring glasses as needed.
- ✓ Any dentures or partials will need to be removed.
- ✓ Alert the RN of any allergies that you may have (penicillin, latex, iodine/shellfish)
- ✓ An IV will be inserted for access, fluids, antibiotics and medications. You will be given a cocktail of medications pre-operatively to minimize pain and inflammation.
- ✓ Family members or your designated contact person will be directed to the waiting room to remain during your surgery. The family can expect Dr.

Ashberg to come speak with them approximately 1-2 hours after the start of surgery.

- ✓ The Anesthesiologist will review your medical history and explain the methods for anesthesia and the risks and benefits involved.
- ✓ Dr. Ashberg will see you prior to anesthesia to answer any last-minute questions, re-examine and sign the surgical site
- ✓ Staff will bring you to the operating room. You will be asked to position yourself on the operating room table. The surgical team will adjust your position, provide warming blankets, and ensure that all body parts are safely positioned and well-padded.
- ✓ After surgery is completed you will be taken to the recovery room by the anesthesiologist and the nurses. Dr. Ashberg will go to the waiting room to speak with your family or designated person.
- ✓ In the recovery room, an experienced recovery room nurse will closely monitor you.
- ✓ As you wake up from the anesthesia, you will be transferred to a private second phase recovery room where your family or designated person will be able to see you.

Depending on your surgical procedure, you will either be discharged to home by the anesthesiologist or admitted to the hospital for further evaluation if medically indicated.

Immediate Post-Operative Care

When the anesthesiologist and the recovery room nurse have determined it is safe for you to be discharged home, the nurses will go over a series of instructions and materials to ensure you are prepared for the next step in your recovery.

Hip Arthroscopy Postoperative Medications

- ✓ Pain medicine prescription and directions for usage will be provided following surgery. Commonly prescribed medications include:

Pain Medications:

- ✓ ***Oxycodone***– take as needed. This is a narcotic pain medication.
- ✓ ***Tylenol***- Pain relief
- ✓ Do not mix pain medicine with alcohol or other sedating drugs.
- ✓ ***You are not allowed to drive while taking pain medication.***

Anticoagulation:

- ✓ ***Aspirin*** 81mg – Take 1 time per day for one month. This is NOT to be taken in those under 18 years old.

Anti-inflammatory – Heterotopic ossification prevention:

- ✓ ***Celebrex*** 200mg – Take 1 time per day for 4 weeks. Do not combine with other anti-inflammatory medications. To be taken concurrently with aspirin in those over 18 years of age.

Digestive Medications:

- ✓ ***Colace*** – Take 3 times per day for the first five days to help with postoperative digestion and constipation.

Medication Questions & Refill Requests:

Medication questions

- ✓ You may contact your Pharmacist or e-mail our team at Melodie.d@atlantisortho.com For urgent after hour questions please contact our doctor on call at 561.627.8500.
- ✓ **If you are having a medical emergency (such as trouble breathing, chest pain, etc.), call 911!**

Refill requests

- ✓ ***Please call your pharmacy and ask them to call Dr. Ashberg's Clinical Assistant a refill request to:*** **561-627-8500**
- ✓ Refills are authorized Monday – Friday 8am-4 pm and may take up to 48 hours to be authorized.
- ✓ ***Medications containing narcotics such as Percocet cannot be called into a Pharmacy and must be written or printed out and picked up at the office. This is a state law and there are no exceptions. Please plan accordingly.***

Anti-Inflammatory Medication

Anti-inflammatory medications are a time-released medicine. It is important to take them consistently and at the same time each day. Less than 4% of the population experience side effects from anti-inflammatory medications. If you currently have a history of gastrointestinal ulcers or other medical conditions, it is imperative that you consult with your physician prior to taking any anti-inflammatory medications.

Here are some possible side effects to watch for:

- ✓ Upset Stomach: This is the most common side effect. Taking NSAIDs with food or after consuming food can dramatically reduce the possibility of an upset stomach.
- ✓ Loose Stools: If this side effect occurs it should subside in a few days. If it does not please call the office. It is possible to become dehydrated from loose stool, make sure you are drinking plenty of fluids.
- ✓ Light-Headedness: If this symptom occurs, do not operate vehicles or operate any kind of machinery. Stop taking the medication if this occurs.
- ✓ Blood in Stools: If this should occur stop the medication IMMEDIATELY and call the office.
- ✓ Fluid Retention: If you notice any edema (swelling of the extremities, hands, or feet) stop the medicine IMMEDIATELY and call the office.
- ✓ Skin Rash/Itching: Stop the medication IMMEDIATELY and call the office.

To increase pain control, you may take Tylenol with your anti-inflammatory medicine. DO NOT take aspirin-based pain medication, or non-steroidal NSAIDs such as Aleve, or Motrin. If you have any questions or concerns, please feel free to contact our office.

At Home Following Your Surgery

It is common to have the following reactions after surgery:

- Low-grade fever (<100.5° F) for about a week
- Small amount of blood or fluid leaking from the surgical site
- Bruising, swelling & discoloration in the involved limb or adjacent areas of the body
- Mild numbness surrounding the wound site, possibly for 6-9 months

The following *reactions are abnormal.* If you should have any of the following symptoms, please contact Dr. Ashberg or go to the nearest emergency room:

- Fever > 100.5° F
- Progressively increasing pain
- Excessive bleeding
- Persistent nausea and vomiting
- Excessive dizziness
- Persistent headache
- Red, swollen, oozing incision sites

The following *reactions may require emergent intervention* or a visit to the Emergency Room:

- Chest Pain
- Shortness of breath
- Fainting or Loss of Consciousness
- Persistent Fevers > 100.5° F
- Weakness, Numbness, Inhibition of motor skills in the operative extremity
- Red, swollen, or painful calf and/or increased numbness or tingling in your foot

***For any urgent medical questions after business hours**

- ✓ Please call our main line at 561.627.8500 and the answering service will contact the Doctor on-call

Always feel free to call Dr. Ashberg's staff if you have any questions or concerns – Contact our Clinical Coordinator by sending an email to Melodie.d@atlantisortho.com

Pain Management:

- ✓ Take pain medications with food and at least 30 minutes before a physical therapy session
- ✓ Tylenol or acetaminophen may be used instead of narcotic medication.
- ✓ Use your ice pack or cooling device frequently as tolerated. Use it after your exercised to help decrease swelling and pain

Avoid constipation:

- ✓ This can be a common side effect from pain medications
- ✓ Drink plenty of fluids, water is preferred
- ✓ Use a stool softener, like Colace, while taking pain medicines
- ✓ Take a laxative like Dulcolax, as needed
- ✓ Eat a high fiber diet

Cold Therapy:

- ✓ **Ice packs** will be needed for post-operative care.
- ✓ You will begin to ice immediately post-operatively. You should ice several times throughout the day (at least 4 times per day), for **no longer** than 20 minutes at a time. Ice may be discontinued after first 48 hours. **Do not ice while sleeping.**
- ✓ Use a towel or pillowcase to prevent the ice pack from directly touching skin.
- ✓ Check the treated area after each session, as temporary numbness following surgery may result in a decreased ability to detect dangerously cold temperatures.

Brace instructions:

- ✓ You will wear your brace at all times (sleeping included) except for physical therapy, showering, and while using the CPM or stationary bike.
- ✓ The brace will be used anywhere from 2 – 8 weeks after surgery and will depend on which procedures are performed.

Continuous Passive Motion (CPM) / Stationary Bike:

- ✓ A CPM machine will be used for 4 hours a day, 7 days a week.
- ✓ Audrey Vargas will contact you at the number you have provided to us to coordinate delivery and set-up in your home the day before your surgery. The machine will be set for 120° of knee flexion, which is equivalent to 90° of hip flexion.
- ✓ A stationary bike (upright or recumbent) may be used instead of the CPM. If using a stationary bike, you will use it for 2 hours a day at zero resistance, 7 days a week. The seat of the bike should be high enough so the angle between waist and thigh does not go beyond 90°.
- ✓ You should not use the bike or CPM for the 2-4 hours consecutively. Make sure to break this exercise up throughout the day whenever is convenient for you.

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Weight Bearing Instructions

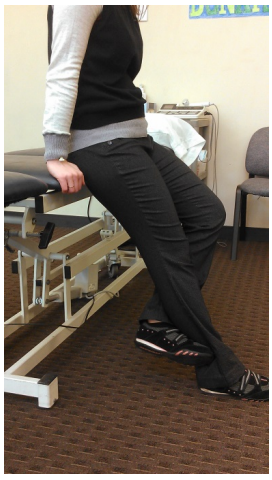
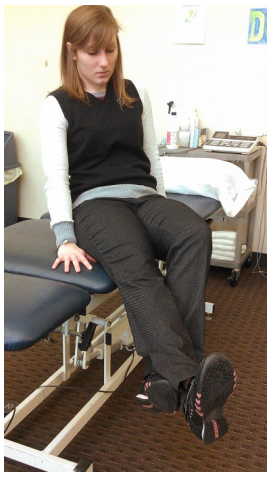
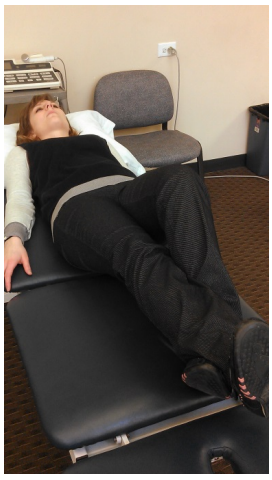
Weight Bearing Instructions:

- ✓ For at least the first two weeks of your recovery, you will be 20 lbs flat foot weight bearing, which means you will be placing 20 lbs of pressure on your hip.
- ✓ Walk with crutches at all times.

****This is subject to change depending on procedures performed and you may be on crutches up to a maximum of 8 weeks****

Transferring from sitting to lying with assistance from your non-surgical leg:

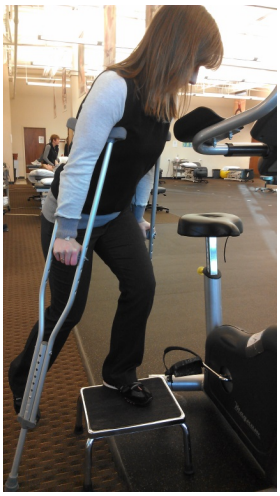
In the pictures below, the right leg is the surgical leg. While sitting on the edge of your bed, with no weight on your feet, hook the left foot behind the calf/ankle of your right leg. Use the left leg to assist in raising the right leg up while you pivot your body to be in position to lie down. As you pivot you may use your arms to help lie yourself down. When your leg is supported by the bed you may take the left foot out from behind your leg.

(This may also be used when moving around in the bed to avoid over activating the hip musculature.)

How to get on/off a bike:

In these pictures, the right leg is the surgical leg. First have a step placed near the bike to assist with getting on and off. It should be placed on the same side as you are having surgery (note that above it is on the right side of the bike). Approach the step, and using the same instructions as taught for going up stairs, put your good foot on the step first. Rise onto the step fully, and then rest your crutches on the front of the bike so that you can reach them when needed. Use the seat of the bike and handle bars to help with the rest of the transfer. Pivot to sit your but on the seat while facing sideways (as shown above). While using your arms on the handle bars to stabilize yourself pivot to face forward while swinging your non-surgical leg (left leg in pictures above) over the midline of the bike. Next place your right foot (surgical leg) on the pedal, but make sure it is near the down position when doing this. Lastly place your left foot (non-surgical) on the pedal, and you are ready to start biking!



Incision and Wound Care

Initial Wound:

- ✓ Remove the dressing two days after your surgery date.
  - Apply dressings as needed to incision sites (Band-Aids or Dry Dressings)
  - Do not use bacitracin or other ointments under the bandage
- ✓ Absorbable sutures
  - Do not need to be removed
  - Dermabond wound glue
- ✓ May shower on Day 3 after surgery. See proper cleaning instructions below.

Caring for Your Incision:

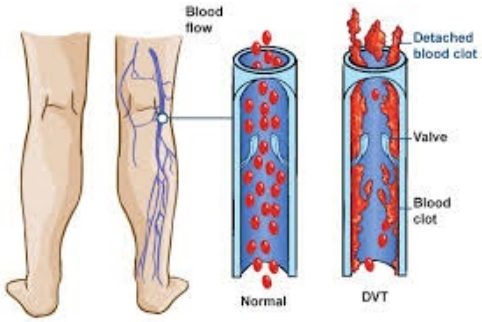
- ✓ Watch for signs of infection, which can include redness, pain, drainage, or foul odor. If you see any of these signs, please call our office at 561.627.8500
- ✓ If you feel warm or feverish take your temperature – call our office for temperatures > 100.5° F.
- ✓ To properly clean, wash your incision with soap and water and pat dry. Avoid rubbing or applying lotions.
- ✓ Do not soak your hip in water by bathing or swimming for at least 4 weeks.

Blood Clot Prevention

Blood clots are the most common complication after orthopedic surgery, but there are several things we can do to help decrease your risk. This page discusses what a blood clot is, signs and symptoms and what you can do to help prevent.

What is a Blood Clot?

A blood clot is a thick mass formed in the blood to stop bleeding; if formed when not needed, a blood clot can cause a heart attack, stroke, or other serious medical problem. It is important to follow the preventative instructions to make sure that you limit your risk of developing a blood clot.



What are Signs of Blood Clot?

If you experience chest pain, difficulty breathing or severe headache call 911 immediately as these could be signs that a blood clot has broken off and traveled to other parts of your body.

Symptoms to look for in your lower legs:

- ✓ Redness
- ✓ Pain
- ✓ Warmth
- ✓ Swelling

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What Steps Can I Take to Help Decrease My Blood Clot Risk?

- ✓ Stay mobile and avoid long bouts of sitting or lying in bed.
- ✓ Ankle pumps
- ✓ Wear your compression stocking or TED hose as directed after surgery.
  - Wear TED hose daily. Take TED hose off for showering. You may leave off for 1 – 2 hours, then put back on. Use while sleeping.
  - Wash stockings as needed
  - Check skin under stockings daily

There are several medications to help prevent blood clots. These medications are also called blood thinners or anticoagulants. These medicines will be used for between 2-6 weeks after surgery. You maybe notice that you bruise more easily when using this medicine. Your health care team will discuss the best medications options for you for use after surgery.

Medications We Use to Help Prevent Blood Clots Include:

- ✓ Aspirin

Travelling

Driving:

You are not allowed to drive while taking pain medications. Most patients can drive after discontinuation of the brace.

- ✓ Contact health care team at 561.627.8500if you have questions about your ability to drive
- ✓ You can apply for a temporary, six-month handicap sticker from the State of Florida You will need the DMV application form which the team can assist you with. **Please request this form prior to your surgery, as a health care provider's signature is needed on the form.** The application can then be taken to the DMV.

Flying:

You are able to fly; however, you must avoid sitting for long periods of time.

- ✓ If you do fly, make sure you stand up and move around the cabin often and as able according to your flight crew. It is also a good idea to do ankle pumps while sitting in your seat.
- ✓ **For airplane travel in the six weeks after your surgery, please notify our staff. We will prescribe a dose of medication needed for safer travel.**

Going Back to Work

Returning to work is different for each individual as it depends on your recovery process and the type of work you perform. Discuss your job tasks and responsibilities with your health care team so you can start talking with your employer about returning to work before surgery. Make sure you provide time to going to outpatient therapy.

Return to Work Low to Medium Demand:

Sitting:	1 – 3 weeks after surgery
Combination sitting/standing:	1 – 4 weeks after surgery
Standing:	1 – 4 weeks after surgery
High demand/heavy labor:	To be determined by healthcare team

Family Medical Leave Act (FMLA) Paperwork

Many patients require completion of FMLA paperwork for their job. As this paperwork is long, please allow 7 – 10 days for completion.

- **Please personally deliver paperwork prior to your preoperative appointment.**
- Make sure your paperwork indicates your name and date of birth and includes a job description, which details specific tasks related to physical demands.

Please request the appropriate off / return to work and/or school notes at your pre and postoperative appointments.

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Suite 170
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Tel: 561.627.8500
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Hospitals and Surgery Centers

A pamphlet with appropriate contact details and directions to the facility will be provided to you.

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Further Reading

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1. **GOOGLE +**
   a. Sign into Google (Gmail) account
   b. Click on the small pencil to write a review
   c. Follow instructions to create a public google + account if necessary
   d. Select number or stars
   e. Insert review in the box
   f. Select publish
2. **YELP**
   a. Select Write a review
   b. Select number or stars
   c. Insert review in the box
   d. Select sign up and Post – Either sign up or sign in to your Yelp account
3. **VITALS**
   a. Select number of stars (overall & specific)
   b. Insert Title of Review
   c. Insert Review
   d. Select Submit review
4. **HEALTH GRADES**
   a. Select number of stars or sliding scale
   b. Select Submit Survey
5. **RATE MD**
   a. Select add rating
   b. Select number 1-5 in categories
   c. Fill in any comments
   d. Check box to verify comments
   e. Select Add New Ratings
6. **FACEBOOK**
   a. Login to account or create one
   b. Hit like and rate us
   c. Fill in any comments
   d. Submit Review
   e. Invite friends and family to like us ☺

Like us and Follow us on Facebook: *Dr Lyall Ashberg*
Follow *The Hip Institute at Oceanside Physical Therapy* on Facebook.

Frequently Asked Questions

1. **What do I need to do with my surgical bandages after I am discharged?** *See wound care instructions on page 25.*

2. **When can I drive again?** *There is no specific time-point when driving is allowed; however, general guidelines are listed on page 28. If you are unsure about your ability and when you can start driving, please call, or email Jennifer(Jennifer.g@atlantisortho.com) or Marianna.r@atlantisortho.com.*

3. **What do I do if I run out of my medications?** *Please see instructions on page 18. Refills can take up to 48 hours or may need to be picked up at our office (for narcotics) per state law. Plan accordingly so you will not have a gap between needed medications.*

4. ***How soon can I swim?*** *Swimming exercises should be very gentle at first, with progression as tolerated. Absolutely no breast strokes until you follow up with Dr. Ashberg at your 3-month visit.*

5. ***How soon can I run?*** *Running varies between patients. You will learn what is best at your 3 month follow up appointment.*

6. ***When can I lift weights?*** *You may perform upper extremity weight lifting right away, up to 30 pounds. No lower body exercises or weight lifting until your 3-month follow-up appointment with Dr. Ashberg.*

7. ***When can I play golf?*** *You may resume golf 8 – 12 weeks after surgery.*

8. ***When can I resume contact sports?*** *You may resume contact sports after you have been evaluated and cleared by Dr. Ashberg or his assistant at your 3 month follow up appointment (generally not before 6 months postoperatively).*

9. ***When can intimacy resume?*** *Avoid sexual intercourse for as long as you are using the hip brace. Once brace usage has been discontinued, you should avoid flexion positions and positions that cause hip pain.*

Please write down questions here that you would like the team to answer or discuss during your preoperative visit.

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