Dr. Duke Hip Procedures

Hip Procedures

Total Hip Replacement – Posterior Approach
Total Hip Replacement- Anterior Approach
Gluteus Medius Repair

orthopædicseast
& SPORTS MEDICINE CENTER

Total Hip Replacement- Posterior Approach

Postop	Goals	Precautions	Exercises
Week 1-6	Edema and pain control Ambulate with walker or crutches	Observe signs of infection Observe signs of DVT Adhere to weight baring restrictions as indicated by MD	Elevation, compression socks, calf pumps Cryotherapy Begin ROM activities (active, active assisted and passive within dislocation precautions) Quad, hamstring, and gluteal isometrics Closed chained exercises with-in weight bearing restrictions Open chain activities permitted within precautions
Week 6-8		Observe signs of infection Observe signs of DVT Adhere to weight baring restrictions as indicated by MD Stay with in patients pain tolerance	Begin scar / incision management with incision is closed Continue with gait training (progressive assistive devices as appropriate) Balance and proprioceptive training Continue ROM activities Closed chained activities Begin stationary bike/ stepper and progressive resistance activities when appropriate or indicated by physician
Week 8+			Normalize gait pattern- Do not allow patient to walk with a limp Continue with progressive resistance exercsies Implement step ups- fwd and lateral Partial lunge Sit to stands Lifting and carrying tasks (gradual progression- non strenuous Gait on uneven surfaces Develop HEP for sustaining independence Aquatic program if incision is healed Work related tasks

HIP PRECAUSTIONS FOR 6 WEEKS:

- No bending /flexing hip past 90 degrees
- No crossing of operated leg past midline
- No internal rotation of operated leg (i.e. toes and knee cap facing forward)
- No lifting greater than 20lbs

MILESTONES TO RETURN TO FULL SPORT, WORK, HOBBIES:

- Clearance from surgeon and therapist

orthopaedicseast
& SPORTS MEDICINE CENTER

Total Hip Replacement- Anterior Approach

Postop	Goals	Precautions	Exercises
Week 1 (1-5 days postop)	Edema and pain control Ambulate with walker or crutches	Observe signs of infection Observe signs of DVT Adhere to weight bearing restrictions as indicated by MD	Elevation, compression socks, calf pumps Cryotherapy Begin ROM activities (active, active assisted and passive within dislocation precautions) Quad, hamstring, and gluteal isometrics Closed chained exercises with-in weight bearing restrictions
Week 6-8 (5 days-4 weeks post-op)		Observe signs of infection Observe signs of DVT Adhere to weight bearing restrictions as indicated by MD Stay with in patients pain tolerance	Begin scar / incision management with incision is closed Continue with gait training (progressive assistive devices as appropriate) Balance and proprioceptive training Continue ROM activities Closed chained activities Begin stationary bike/ stepper and progressive resistance activities when appropriate or indicated by physician
Week 8+			Normalize gait pattern- Do not allow patient to walk with a limp Continue with progressive resistance exercsies Implement step ups- fwd and lateral Partial lunge Sit to stands Lifting and carrying tasks (gradual progression- non strenuous Gait on uneven surfaces Develop HEP for sustaining independence Aquatic program if incision is healed Work related tasks

HIP PRECAUSTIONS FOR 6 WEEKS:

- No strenuous external rotation or extension
- No lifting greater than 20 lbs
- No bending /flexing hip past 90 degrees
- No crossing of operated leg past midline
- No internal rotation of operated leg (i.e. toes and knee cap facing forward)
- No lifting greater than 20lbs

orthopædics**east**
& SPORTS MEDICINE CENTER

Gluteus Medius Repair

Postop	Goals	Precautions	Exercises
Weeks 0-4 PT 1-2x/week HEP daily		Weight bearing: 2 crutches, 20 pounds weight bearing for 6 weeks ROM: NO Active hip abduction and IR and NO Passive hip ER and adduction for 6 weeks Do not push through pain or pinching, gentle stretching will gain more ROM. Manage scarring around portal sites General precautions: Hip flexor tendonitis, Trochanteric bursitis, synovitis, scar tissue around portals Observe for signs and symptoms of DVT	PROM: Hip flexion to 90 for **3 weeks**, gradually increasing PROM hip abduction as tolerated. PROM Hip extension: **0 for weeks 0-3, gradually progress after week 3** Upright bike NO RESISTANCE (must be pain-free, begin ½ circles, progress to full circles) Joint mobilization: Grade I oscillations for pain management Soft tissue Mobilization Gentle scar massage Gait training: 20% with assistive device Hip isometrics (Begin at 2 weeks): extension, adduction (Begin at 4 weeks): sub max pain free hip flexion Quad sets, Hamstring sets, Lower abdominal activation
Weeks 4-8 PT 2-3x/week HEP daily	Increase to 100% WB with crutches by **8 weeks**	NO active hip abduction or IR. NO passive hip adduction or ER until after **week 6**	Continue with previous exercise Gait training: 20% weight bearing until **6 weeks** Begin PROM IR (gentle, no pain) Begin gentle AROM of hip flexion (avoid hip flexor tendonitis) Joint mobilization: Gr I-II distraction, lateral distraction Soft tissue massage Progress isometric resistance Quad and hamstring isotonic exercise Manual hip flexor stretching (gentle, no pain) Straight leg raise, prone hip (**week 7**) extension, supine bridge Upright bike with resistance (**week 7**) ROM: Passive hip IR, Active assistive hip ER, Active assistive hip abduction, adduction (**week 7**)