



Dr. McDowell Hip Procedures

Hip Procedures

[Total Hip Replacement - Posterior Approach](#)

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Total Hip Replacement- Posterior Approach

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Week 1 (1-5 days post-op)	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 assisted and passive within dislocation precautions) Quad, hamstring, and gluteal isometrics
Week 1-4 (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 (2 weeks+) Continue with gait training (progressive assistive devices as appropriate) Balance and proprioceptive training Continue ROM activities Closed chained activities Begin stationary bike
Week 4-10			Normalize gait pattern- Do not allow patient to walk with a limp Continue with progressive resistance exercises 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 PRECAUTIONS 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
- Minimal to no complaints of pain
- Restoration of sufficient ROM for task completion
- Regular completion of an independent strengthening program at least 3 days per week

Gluteus Medius Repair

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<p>Weeks 0-4 PT 1-2x/week HEP daily</p>		<p>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</p>	<p>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</p>
<p>Weeks 4-8 PT 2-3x/week HEP daily</p>	<p>Increase to 100% WB with crutches by 8 weeks</p>	<p>NO active hip abduction or IR. NO passive hip adduction or ER until after week 6</p>	<p>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)</p>

Hip Arthroscopy/ Labral Repair

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-2 PT 1- 2x/week HEP daily		NO EXTERNAL ROTATION > 20 degrees PWB with assistive device Observe for signs and symptoms of DVT	Bike for 20 minutes/day (can be 2x/day) Scar massage Hip PROM as tolerated with ER limitation Supine hip log rolling for internal rotation/external rotation Progress with ROM Introduce stool rotations/prone rotations Hip isometrics - NO FLEXION Abduction, adduction, extension, ER Pelvic tilts Supine bridges NMES to quads with SAQ with pelvic tilt Quadruped rocking for hip flexion Sustained stretching for psoas with cryotherapy (2 pillows under hips) Gait training PWB with assistive device
Weeks 2-4 PT 2- 3x/week HEP daily	Week 3-4, wean off crutches if gait is normalized	NO active hip abduction or IR. NO passive hip adduction or ER until after week 6	Continue with previous therex Progress Weight-bearing (week 2) Progress with hip ROM Bent knee fall outs (week 4) Stool/prone rotations for ER Stool stretch for hip flexors and adductors Glut/piriformis stretch Progress core strengthening (avoid hip flexor tendonitis) Progress with hip strengthening – isotonic all directions except flexion Start isometric sub max pain free hip flexion(3-4 wks) Step downs Clam shells - isometric side-lying hip abduction Hip Hiking (week 4) Begin proprioception/balance training Balance boards, single leg stance Bike / Elliptical – progress time resistance Scar massage Bilateral Cable column rotations (week 4) Aqua therapy in low end of water if available

