Dr. Mcgraw Hip Procedures

Hip Procedures

Total Hip Replacement – Posterior Approach
Gluteus Medius Repair
Hip Arthroscopy/ Labral Repair

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Total Hip Replacement- Posterior Approach

Postop	Goals	Precautions	Exercises
Weeks 0-4	Improved quad control Normalized gait	Weight bearing: 20% with AD Brace locked at 30 degrees Avoid combined hip flexion and knee extension (lengthened hamstring position)	Gentle PROM of knee and hip (hip PROM with knee flexed at 90) Glute and quad set Gait training Core strength Initiate closed chain TKE
Weeks 4-6	Discharge brace and crutches at week 6 Week 5: progress WB to full by week 7	Avoid end ROM lengthened hamstring position Avoid walking up hills, fast walking	Initiate stationary bike Gentle hamstring stretching SLS and static proprioceptive activities Sub-max hamstring isometrics Begin at 30, 45, 60, 90 of knee flexion Supine SLR Hip strengthening Calf raises Core strength
Weeks 6-12	Full WB	Avoid aggressive stretching Slow progression for return to walking/elliptical on incline	Elliptical, treadmill walking Gentle isotonic resistive hamstring exercise Progress core and trunk Progress proprioception 10 week+ Gentle terminal hamstring stretching Progress hamstring and quad strengthening Leg press Bridge on ball Lunges Dead lifts. KB swings Advance core Dynamic proprioceptive activities
Weeks 12-16			Multi-directional plyometrics: DL – SL Progress single leg strength RDLs Progress to eccentric hamstring strength
Weeks 16-24		Manage pain	Multidirection running Resisted forward running Initiate sport specific drills
Postop	**Goals**	**Precautions**	**Exercises**

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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 baring 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 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**
- **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**

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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**)

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Hip Arthroscopy/ Labral Repair

Postop	Goals	Precautions	Exercises
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		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 – isotonics 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

Weeks 4-8 PT 2-3x/week HEP daily	Brace to be discharged at week 4 Be aware of hip flexion tendonitis	Elliptical Continue with previous therex Progress with ROM Standing BAPS rotations Prone hip rotation ER/IR External rotation with FABER Hip joint mobs with mobilization belt into limited joint range of motion ONLY IF NECESSARY Lateral and inferior with rotation Prone posterior-anterior glides with rotation Hip flexor, glute/piriformis, and It-band Stretching – manual and self Progress strengthening LE Introduce hip flexion isotonics (Be aware of hip flexion tendonitis) Multi-hip machine (open/closed chain) Leg press (bilateral - unilateral) Isokinetics: knee flexion/extension Progress core strengthening (avoid hip flexor tendonitis) Prone/side planks Progress with proprioception/balance Side stepping with theraband Hip hiking on Stairmaster
Weeks 8-12 PT 1x/week HEP daily		Progressive hip ROM Progressive LE and core strengthening Endurance activities around the hip Dynamic balance activities Light plyometrics Active release therapy
Weeks 12-16 HEP daily		Progressive LE and core strengthening Plyometrics Treadmill running program Sport specific agility drills

3,6,12 months Re-Evaluate (Criteria for discharge)

- Hip Outcome Score
- Pain free or at least a manageable level of discomfort
- MMT within 10 percent of uninvolved LE
- Biodex test of Quadriceps and Hamstrings peak torque within 15 percent of
- uninvolved
- Single leg cross-over triple hop for distance:
    - Score of less than 85% are considered abnormal for male and female
- Step down test