



## **Dr. Perdue Hip Procedures**

### **Hip Procedures**

[Total Hip Replacement – Lateral Approach Gluteus Medius Repair](#)

## Total Hip Replacement- AnteroLateral Approach

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<b>Week 1</b> (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 No Active Hip Abduction	Elevation, compression socks, calf pumps Cryotherapy Begin ROM activities (active assisted and passive within dislocation precautions) Quad, hamstring, and gluteal isometrics
<b>Week 1-4</b> (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 No Active Hip Abduction	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
<b>Week 4-10</b>		Active Hip Abduction @ 12 Wks	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