

68 Morley Street
New Plymouth 4310
T: 06 758 0297
F: 06 758 0188
info@peakortho.co.nz
www.peakortho.co.nz

TOTAL HIP JOINT REPLACEMENT REHAB PROTOCOL

Please note this is a week-by-week protocol to provide a general framework for post-operative goals. Specific progression through the protocol may vary slightly, faster or slower. Please correlate with operation note for patient specific post-operative plan base on intra-operative findings.

- Day 0-3 (inpatient)
 - Foot/ankle exercises to improve circulation to minimise risk of blood clots –
 begin immediately post op as often as every hour until fully mobile
 - Ankle pumps
 - Ankle rotation
 - Clot risk also aided with use of compression stockings/foot pumps and anticoagulants
 - Maintain and strengthen muscle to improve hip mobility 10 repetitions or hold contractions for 10 seconds, four times a day
 - Bed-supported knee bends
 - Buttock contractions
 - Abduction exercises
 - Quadriceps contractions, graduating to straight leg raises
 - Start mobilising with walking aids from day 0
 - At least stand beside bed and attempt to mobilise to toilet on day of surgery
 - Hip precaution for posterior approach (in hospital and for next 6 months) to minimise risk of posterior dislocation (see separate document on website for hip precautions following posterior approach to hip joint replacement)
 - Do not cross legs
 - Do not bend your body at waist or flex your hip beyond 90 degrees
 - Do not sit on low chair/bed/sofa/toilet seat
 - Do not turn body or hip to have foot (on operated side) point inwards relative to body
 - Only lie on side with pillows between knee/leg
 - Main goal is functional mobility, safety and pain management: move in bed, get out of bed, walk and manage stairs prior to discharge
 - A hospital physiotherapist will visit you during your hospital stay
- Week 0-2 (home)
 - Continue clot prevention with foot/ankle exercises, increase mobility, compression stockings and aspirin for 6 weeks
 - o Continue with above hip exercises but increase intensity
 - o Continue with above hip precautions for 6 months
 - Cold therapy/ice pack between exercises to help swelling but please ensure dressing remain dry and clean
 - o Increase mobilisation with two crutches

Mr Francis Ting FRACS

Consultant Orthopaedic Surgeon Shoulder & Upper Limb Specialist



- Walk as rhythmically and smoothly as you can. Do not rush.
- Begin standing exercises, holding onto stable chair/table for support 10 repetitions or hold contractions for 10 seconds, 4 times a day
 - Standing knee raises no higher than waist
 - Standing hip abduction ensure toes point outwards
 - Standing hip extension ensure toes point outwards

After week 2

- Wean down to one crutch and then one walking cane in safe environment
 - Aim to be using a single walking cane for balance by week 4, possibly unaided, initially around the house
- Continue with hip precautions
- Continue to increase intensity of exercise as above
 - Leg and foot exercises
 - Bed and standing hip exercises
- Stationary bicycle if available (home or gym)
 - At first, peddle backwards and when easily able to, go forward
 - Keep seat high to minimise risk of dislocation
- Massage and desensitise surgical scar after 3 weeks

- After 4 weeks

- Continue with hip precautions for 6 months
- Continue with above standing exercises
 - Add resistance through elastic bands around ankle and securely attached to sturdy stationary object.
 - Resistive hip flexion, abduction and extension
- Continue with stationary bicycle / exercycle
 - Keep seat high to minimise risk of dislocation
 - Increase tension on exercycle over time
 - Aim for 15 to 20 minutes, 3 to 4 times a day
- Walk with a single walking cane until you have regained balance skills
 - Aim for regular short walks of at least 15 to 20 minutes, 3 to 4 times a day to maintain strength and independence
- Discuss with physio: plan for continuing exercise program independently
- Gain access to fitness facility with stationary bicycles

- After 10 weeks

- Work and sport specific strengthening
- Follow-up appointment:
 - o 2-3 night in hospital
 - 2 weeks clinic for wound check and x-ray
 - o 6 weeks clinic with Mr Francis Ting
 - 6 12 months clinic with Mr Francis Ting with repeat x-ray