Purpose:

To guide patients through the post-operative phase of rehabilitation, following Hip Resection and to begin their preparation for Total Hip Arthroplasty at a later date.

Indications:

Patient who have undergone hip or THA Resection.

Contraindications:

Any surgical or post-operative complication as stated by the attending orthopedic surgeon.

Physical Therapy Goals:

- Gait Training – Assistive devices are used to enable the patient to maintain safe mobility and correct weight bearing status on the operative extremity. These devices are used until the patient has fully progressed through rehabilitation after total hip arthroplasty.
- Muscle Strengthening – Primarily of the hip girdle muscle groups. Lower extremity isometrics are begun as soon as possible to maintain muscle tone and function in the operative extremity.
- Maintain range of motion of the operative extremity with progression towards full anatomical range of motion and limited only by the patient’s potential, pain tolerance and/or hip spacer present.

Physical Therapy Rehabilitation Guidelines:

Restrictions:
- Weight bearing status dependent upon spacer present with specific orders from surgeon; if static or articulating hip spacer present, weight bearing is allowed; if no spacer, strict non-weight bearing on the operative extremity.
Treatment Parameters:

Acute Care (Vanderbilt Medical Center)
- Treatment instituted day one post-op, with efforts to achieve discharge 2-3 days after surgery; daily treatment sessions,

Day of Surgery:
- Begin lower extremity isometric exercises and ankle pumps. Encourage the patient to actively perform these exercises every 30 minutes while awake.
- Begin assisted bed-to-chair transfers, using an assistive device, weight bearing status per attending surgeon.
- Discuss any post-operative restrictions.

Post-Operative Day 1 – Discharge:
- Continue lower extremity isometric and ankle pumping exercises.
- Initiate upper extremity and contralateral lower extremity strengthening exercises.
- Initiate active-assisted range of motion exercises to the operative lower extremity with motion to the patient’s tolerance,
- Bed mobility training using leg lifter on the operative limb.
- Begin gait training with an assistive device.
- Instruct in stair climbing technique.
- Review post-operative restrictions.
- Discharge planning and home needs assessment/arrangements.

Post-Discharge:

If patients require services after discharge from the hospital, treatment sessions should consist of the following activities.

Therapeutic Exercises:
- Active range of motion to upper extremities and contralateral lower extremity.
- General strengthening exercises to upper extremities and contralateral lower extremity.
- Bilateral lower extremity isometrics/ankle pumps to the operative extremity.
- Active-assisted range of motion to the operative extremity.
- General LE strengthening to the operative LE as the patient tolerates; theraband and/or ankle weights may be used for strengthening as tolerated.
**Gait Training:**

Patients continue to use their assistive device until revision THA surgery. Weight bearing on the operative lower limb is as ordered by the attending orthopedic surgeon and is dependent upon the presence and/or type of any spacer in the operative extremity.

**Endurance Training**

Any activities to promote general health and cardiovascular endurance to maximize overall functional mobility and for preparation for the upcoming THA revision.

Updated 5/13
SS PT, GTC