ROCKFORD ORTHOPEDIC

Birmingham Hip Resurfacing

Precautions:
The main precaution is groin pain after surgery. This is a possible sign of a fracture in the femur and the patient should immediately be made non-weight bearing on surgical extremity and physician notified. Patient to be sent immediately to emergency room for x-rays.

Phase I (1 – 5 days post-op)
- Wound care: Observe for signs of infection.
- Modalities: PRN for pain and inflammation (ice, IFC)
- Edema: Cryotherapy, elevation and/or compression stockings.(TED hoses)
- Gait
  - Ambulation with walker or 2 crutches with weight bearing restrictions per MD.
- ROM
  - AROM/AAROM/PROM knee and hip (Per total hip precautions).
- Strengthening: Isometric quadriceps and hamstring exercises.

Phase II (5 days – 4 weeks post-op)
- Wound care: Continue to monitor for signs of infection and begin scar management techniques when incision is closed
- Modalities: continue PRN
- Edema: Cryotherapy, elevation and/or compression stockings.(can be discarded at 4 weeks)
- Gait: Ambulation with 2 crutches until 3 weeks then wean down to 1 crutch at 4-6 weeks. Be aware of any groin pain.
- ROM
  - Passive stretching of hip in all planes of motion after 2 weeks when MD lifts total hip precautions.
  - AROM in seated and supine.
- Strengthening
  - Add standing hip and knee exercises, progressive resistive exercises, and open and closed chain exercises.

Phase III (4 – 10 weeks post-op)
- Wound: Observe for signs of infection. Continue scar mobilizations.
- Modalities: Continue PRN
- Edema: Cryotherapy, elevation and/or compression stockings.
- Gait: Progress at 4-6 weeks to ambulation without assistive device on all surfaces.
- ROM: Passive stretching of hip in all planes of motion.

- Strengthening
  - Increase resistance of closed chain strengthening.
  - Progress activities to improve function including up/down stairs; normalize gait pattern and ADL's.
  - Possible RTW with physician restrictions.
  - Progress HEP or exercise routine at fitness center.

Phase IV (10+ weeks post-op)

Progress strength to allow ambulation of community distances, all home ADL's, and increased work activities if needed.

Adapted from:

1)
2) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2nd Ed. Philadelphia: Mosby; 2003