

Birmingham Hip Resurfacing

Precautions: Main precaution is groin pain after surgery. This is a possible sign of fracture in the femur and the patient should immediately be NWB on surgical extremity and physician notified. Patient is to be sent immediately to physician for x-rays. For 6 weeks, follow total hip precautions.

Phase I (1 – 5 days post-op)

- Wound care: Observe for signs of infection
- Modalities: PRN for pain and inflammation (ice, IFC)
- Edema: Ice, elevation, and/or compression stockings (TED hose)
- Gait: Ambulation with walker or 2 crutches with WB restrictions per physician
- ROM: AROM/AAROM/PROM knee and hip (per total hip precautions)
- Exercises: 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: Ice, elevation, and/or compression stockings (TED hose)
- Gait: Until 3 weeks post-op, ambulation with 2 crutches, then only 1 crutch until 4-6 weeks post-op. Be aware of any groin pain. D/C crutches/walker when gait is normalized
- ROM:
 - Passive stretching of hip in all planes of motion, within THA precautions
 - AROM in sitting and supine positions
- Strengthening: Add standing hip and knee exercises, progressive resistive exercises, and open and closed chain exercises

Phase III (4 weeks – 10 weeks post-op)

- Wound care: Observe for signs of infection. Continue scar mobilizations
- Modalities: Continue PRN
- Gait: At 4-6 weeks, progress to independent ambulation on all surfaces
- ROM: Passive stretching of hip in all planes of motion, within THA precautions for 6 weeks
- Strengthening:
 - Increase resistance of closed chain strengthening
 - Progress activities to improve function including up/down stairs
 - Normalize gait pattern and ADLs
 - SLS >15 seconds



- 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 ADLs, and increased work activities if needed

Adapted From:

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