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## **AMIS HIP REPLACEMENT**

### **(Post-Operative Protocol)**

#### **PLEASE NOTE!**

This protocol is designed as a guideline only; each patient is unique and should be constantly re-assessed to ascertain progression. Should you have any queries or concerns, please consult with the surgeon or attending in-hospital physio. Surgery procedures vary due to the type of pathology, please use the following as a guideline only.

**Physiotherapy should commence within the first week post op.**

#### **STAGE 1 (6 weeks)**

Patient will leave hospital with basic instructions, trained for crutch walking, able to walk stairs, visit toilet, get in and out of the car.

#### **RESTRICTIONS/PRECAUTIONS:**

ROM within individual planning

NO extension

NO external rotation over 45°

NO FABER position

#### **ALLOWED:**

Flexion over 90°

Normal sitting

Normal toilet height (no need for seat raiser)

Normal sleeping position, no need for abduction pillow, in case of side sleep, pillow between the legs.

#### **WEIGHT BEARING/CRUTCHES:**

This is patient specific but as a general rule: 0-2 weeks 2x crutches

2-4 weeks 1x crutch in OPPOSITE hand

**NOTE!** No axial loading/jumping on operated leg allowed for the first 6 weeks! (to protect prosthesis-bone interface and allow bone in-growth)

#### **PHYSIO TREATMENT**

Respect phase of healing, allow tissue healing and repair

Protect weight bearing according to surgeon's instructions

Restore normal gait pattern while on crutches

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Release and restore muscles around the operated hip

Initiate core muscles strengthening (remember that most of these patients were in chronic pain for some time, and having significant muscle wasting)

Patient may begin using stationary bike with NO resistance from week 2 post op.

Swimming exercise and hydrotherapy may commence 4 days after wound check and suture removal.

Driving is allowed as soon as proprioception is sufficient and reflexes back to normal (specially with right leg), in case of automatic car and left leg can be allowed much earlier. (average 4 weeks)

### **STAGE 2 (6 weeks - 3 months)**

Full weight bearing allowed (to be discussed with Dr in case of rare exceptions)

#### **RESTRICTIONS/PRECAUTIONS:**

Still not allowed full force axial loading, normal walking allowed

#### **PHYSIO TREATMENT:**

Continue core muscle strengthening

Assess and treat adjacent joint (remember chronicity and possible other pathologies - SIJ, L/S spine, opposite hip OA, knees)

Short lever exercises

Restore normal gait pattern

Stationary bike - increase time and resistance

Be aware of possible iliopsoas overload/tendinitis due to anterior operation and scar tissue

Hip flexors/anterior capsule stretching exercises

Hydrotherapy, depends on age, from walking to swimming, NO breaststroke for 3 months

Work on normal ROM and gait pattern

### **STAGE 3 (3 months - 6 months)**

#### **RESTRICTIONS/PRECAUTIONS:**

Slow increase of axial loading through normal daily living/potential sports activities

Allowed increase resistance on elliptical trainer, stair climber

Slow introduction of treadmill in case of younger, more active patients

#### **PHYSIO TREATMENT:**

Work on power in operated leg, and power ratio between the legs (NOTE! Always be aware of age and coexisting pathologies)

Core muscle strengthening

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Normal range of movements

Depending of age and desired activity level, approximately 3 months post op patient should be referred to biokineticist for an isokinetic assessment.

**DOCTOR FOLLOW UP:** 6 weeks post op - with X-ray of the pelvis and operated hip

6 months post op - with X-ray

1 year post op and than annually