ORTHOSURGERY
Ιατρείο Ορθοπαιδικών Παθήσεων

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HIP RESURFACING

This procedure involves inserting a metal shell into the acetabulum (socket) and a metal cap onto the head of the femur bone (resurfacing). Remember the response and needs of each patient will vary.

PRECAUTIONS:

♦ None

WEIGHTBEARING STATUS:

♦ WBAT (weight bear as tolerated)

THERAPEUTIC GUIDELINES:

♦ Keep leg in neutral position (when sitting or supine foot towards ceiling, not rotating out to the side) for the first 6 weeks

♦ Prone lying allowed to address hip flexion contracture

♦ Active hip abduction allowed immediately

♦ Emphasis on strengthening extensors and abductors

♦ **Progression into an outpatient physical therapy** setting should be initiated as early in rehab as tolerable when appropriate. Contact the office if a new prescription is needed

INITIAL PHASE: (weeks 1-2)

Program:

ü Independent transfers, ambulation and activities of daily living (ADLs) with assistive device

ü Begin strengthening and controlled stretching

ü Progressive walking program! (advance to 1 crutch/cane only with minimal antalgic or trendelenberg gait)

ü Prone exercises if capable

ü Bridging program

ü Address hip flexor contracture

ü Address compensatory neuromuscular dysfunction

ü Core strengthening

ü Stationary bike and/or treadmill initiated

ü Home exercise program

ü Ice as needed for pain control and swelling – 20 minutes on / 20 minutes off

INTERMEDIATE PHASE: (weeks 3-4)

Program:

ü Ambulate without assistive device only with minimal antalgic or trendelenberg gait

deviation

ü Balance/proprioceptive exercises

ü Staples out at week 3, begin scar mobilization when wound healed

ü Aquatherapy may be considered when wound healed and medically stable

ü Progressive strengthening (concentric/eccentric control and open/closed chain)

ü Elliptical machine initiated if available (emphasize erect posture for hip flexor stretch)

ü Discharge Ted-hose at 4 weeks or when Coumadin is stopped

ADVANCED PHASE: (weeks 5+)

Program:

ü Progress strengthening/endurance to functional level

ü Progress ambulation to functional level

ü Neuromotor control activities

ü Perturbation activities

ü Evaluate length of ITB and address if necessary

ü Utilize heat modalities if necessary

ü Progressive home program of stretching, strengthening and endurance for one year post-operatively

ü Advanced activities allowed if strength and safety not a concern

ü Sport specific rehab if appropriate

*****Follow-up with Dr. Sheinkop in his office at 6 weeks.** It will then be decided if further outpatient physical therapy is necessary

v Sexual activity may be resumed when comfortable for both partners

v Driving approved when off narcotics for a left surgical side. Right surgical sides may resume driving when off narcotics and there is good leg control

v Carry loads in ipsilateral arm (same as side of surgery)

v Healing can take up to 1 year. Expect some response to the surgery and exercise such as muscle soreness and swelling. Individual rehabilitation outcomes do vary

v Elastic stockings (ted-hose) should be worn with airplane travel for up to 1 year post-operatively

v Exercise should become a lifetime commitment to lengthen the survivorship of your new joint!

LIFELONG RESTRICTIONS:

v **High impact activities (ie-running or jumping) not recommended**