

# **Post Total Hip Replacement Physical Therapy Program**

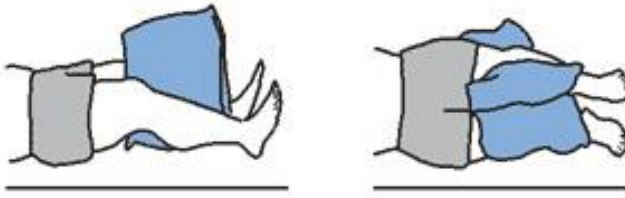


## **Physical therapy starts from day one post-operative, and it aims for:**

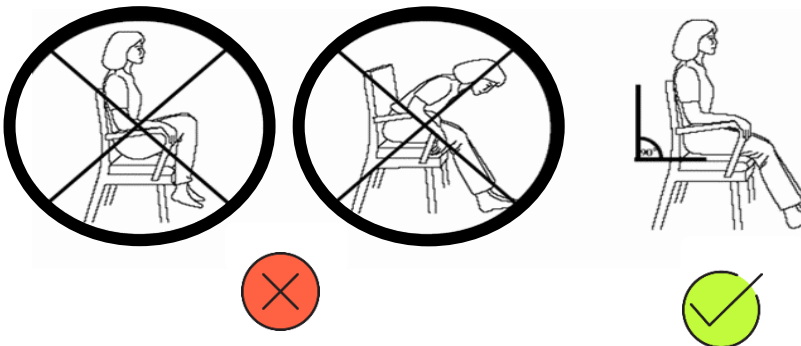
1. Guard against the dislocation of the implant.
2. prevent bed rest hazards (e.g., DVT, pulmonary embolism.... etc.)
3. Obtain pain-free ROM within precaution limits.
4. Strengthen hip and knee musculature.
5. Gain functional strength.
6. Teach independent transfers and ambulation with assistive devices.

## Rehabilitation Considerations & precautions:

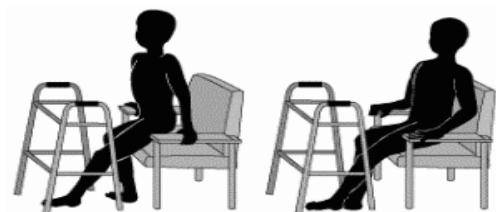
1. Keep an abduction pillow between the legs while in bed.



2. Avoid leaning forward to get out of a chair or off the bed.



3. Slide hip forward to the edge of the chair first, then come to standing.



4. Avoid sitting on a low-level chair.
5. Start sitting on a reclined chair and avoid 90 degrees' posture.
6. Don't cross legs when pivoting from supine to bedside position.



Nurses or therapist will assist until you are able to perform a safe, secure transfer.



7. Avoid hip flexion and adduction in the car.





8. Avoid sitting with the hip flexed more than 90 degrees to avoid posterior dislocation in the event of a sudden stop w.
9. May begin driving 6 weeks post-operatively.
10. Adhere to these principles for six weeks until soft tissue stabilization is achieved.

## **Prosthesis & Ambulation**

### **Cemented Prosthesis:**

You can walk by placing the full weight as tolerated with a walker for at least 6 weeks then progress to a cane in the contralateral hand.

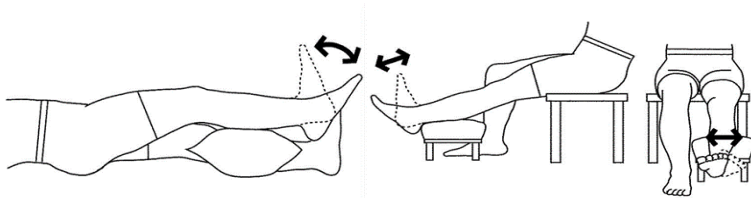
### Cement-Less Prosthesis

No weight-bearing for 6-8 weeks. A walker can be used and a wheelchair may be used for long-distance.

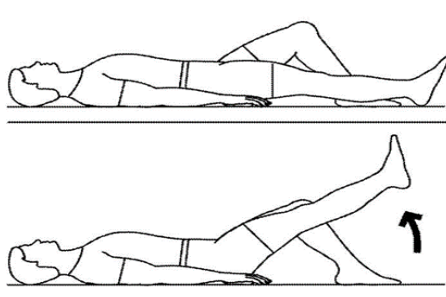


**The post-operative hip replacement program starts from the first day after the operation and includes the following exercises**

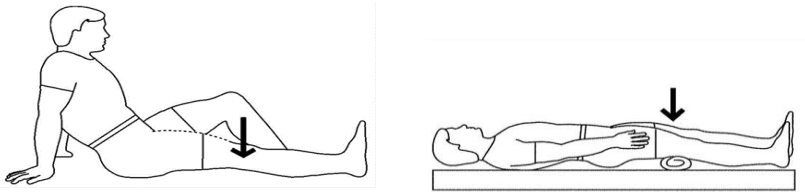
1. Ankle pumps: pump ankle up and down repeatedly.



2. Straight leg raising SLR (if not contraindicated)  
tighten knee and left leg off the bed keeping the knee straight. Flex the opposite knee to aid this exercise.



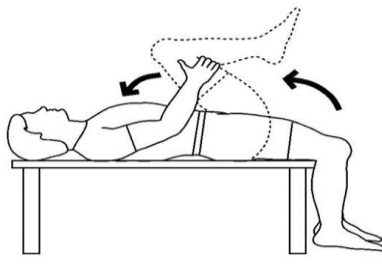
3. Quadriceps sets to improve quadriceps strength.



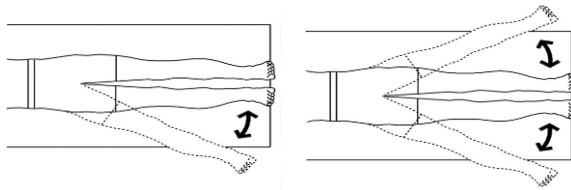
4. Supine isometric abduction against hands or bed rails.



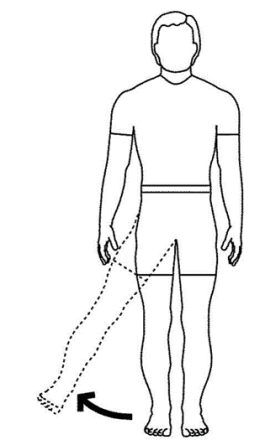
5. Thomas stretch 1<sup>st</sup> or 2<sup>nd</sup> day post-operative to avoid flexion contracture of the Hip.



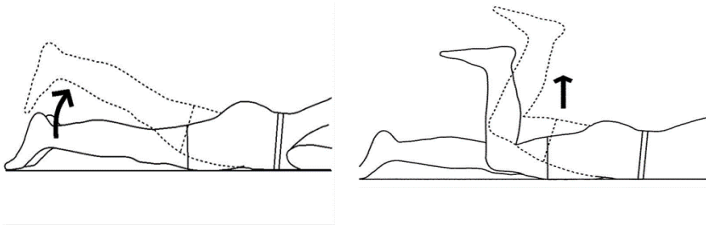
6. Supine abduction: sliding the involved leg out and back.



7. Standing abduction: moving the leg out to the side and back.



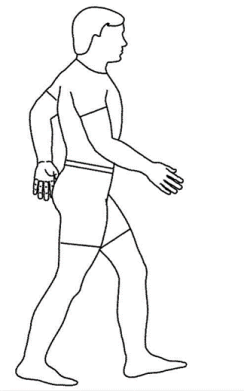
8. Prone lying extension exercise of the hip: this may be performed with the knee flexed or with the knee extended.



9. May start stationary exercise bicycle with high seat 4 - 7 days post-operative. Allowed to pedal backward and gradually minimize the chair height within safe parameters and lowest tension.



- 10.** Ambulation with the proper walking aid according to weight-bearing status for each patient and surgeon's recommendation from day 1 post-operative.



## Notes:

1- Repeat each exercise 10-20 times every session.

2- Follow the program at least 3 times/Day

3- Do the exercises within your pain tolerance limit, and take rests whenever needed.



**Get well soon....**

# لأن الوعي وقاية ..

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