

PHYSICAL THERAPY PROTOCOL

HIP RESURFACING

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(with the advisement of Mitchell Sheinkop, MD)

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. Please contact the office if there are any questions at 773-250-0480.

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:

- ✓ Independent transfers, ambulation and activities of daily living (ADLs) with assistive device
- ✓ Begin strengthening and controlled stretching
- ✓ Progressive walking program! (advance to 1 crutch/cane only with minimal analgesic or trendelenberg gait)
- ✓ Prone exercises if capable
- ✓ Bridging program
- ✓ Address hip flexor contracture
- ✓ Address compensatory neuromuscular dysfunction
- ✓ Core strengthening
- ✓ Stationary bike and/or treadmill initiated
- ✓ Home exercise program
- ✓ Ice as needed for pain control and swelling – 20 minutes on / 20 minutes off

INTERMEDIATE PHASE: (weeks 3-4)

Program:

- ✓ Ambulate without assistive device only with minimal antalgic or trendelenberg gait deviation
- ✓ Balance/proprioceptive exercises
- ✓ Staples out at week 3, begin scar mobilization when wound healed
- ✓ Aquatherapy may be considered when wound healed and medically stable
- ✓ Progressive strengthening (concentric/eccentric control and open/closed chain)
- ✓ Elliptical machine initiated if available (emphasize erect posture for hip flexor stretch)
- ✓ Discharge Ted-hose at 4 weeks or when Coumadin is stopped

ADVANCED PHASE: (weeks 5+)

Program:

- ✓ Progress strengthening/endurance to functional level
- ✓ Progress ambulation to functional level
- ✓ Neuromotor control activities
- ✓ Perturbation activities
- ✓ Evaluate length of ITB and address if necessary
- ✓ Utilize heat modalities if necessary
- ✓ Progressive home program of stretching, strengthening and endurance for one year post-operatively
- ✓ Advanced activities allowed if strength and safety not a concern
- ✓ 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

- ❖ Sexual activity may be resumed when comfortable for both partners
- ❖ 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
- ❖ Carry loads in ipsilateral arm (same as side of surgery)
- ❖ 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
- ❖ Elastic stockings (ted-hose) should be worn with airplane travel for up to 1 year post-operatively
- ❖ Exercise should become a lifetime commitment to lengthen the survivorship of your new joint!

LIFELONG RESTRICTIONS:

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