

POST-OPERATIVE GUIDELINES FOLLOWING AMIS HIP REPLACEMENT

Stage 1 (6 weeks):	<ul style="list-style-type: none">• Restrictions / precautions:<ul style="list-style-type: none">○ ROM within individual planning.○ NO extension (i.e. move operated leg backwards).○ NO external rotation over 45° (i.e. rotating the leg and the foot outwards).○ NO FABER position (i.e. do not place the foot of the operated leg over the un-operated leg at the level of the mid-shin bone or higher).• Allowed:<ul style="list-style-type: none">○ Flexion over 90° (i.e. moving the knee towards the chest).○ Normal sitting – normal toilet height (no toilet raise needed).○ Normal sleeping position, no need for abduction pillow, in case of side sleep, pillow between the legs.• Weight bearing / crutches:<ul style="list-style-type: none">○ This is patient specific, but as a general rule:<ul style="list-style-type: none">▪ 0 to 2 weeks 2 x crutches.▪ 2 to 4 weeks 1 x 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:<ul style="list-style-type: none">○ Respect phase of healing, allow tissue healing and repair.○ Protect weight bearing according to surgeon's instructions.○ Restore normal gait pattern while on crutches.○ 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 sufficient and reflexes back to normal (especially with right leg), in case of automatic car and left leg can be allowed much earlier
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	(average 4 weeks).
Stage 2 (6 weeks to 3 months):	<ul style="list-style-type: none"> • Full weight bearing allowed (to be discussed with Dr. in case of rare exceptions). • Restrictions / precautions: <ul style="list-style-type: none"> ○ Still not allowed full force axial loading, normal walking allowed. • Physio treatment: <ul style="list-style-type: none"> ○ 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 waling to swimming, NO breaststroke for 3 months. ○ Work on normal ROM and gait pattern.
Stage 3 (3 months to 6 months):	<ul style="list-style-type: none"> • Restrictions / precautions: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Work on power in operated leg, and power ratio between the legs (NOTE! Always be aware of age and coexisting pathologies). ○ Core muscle strengthening. ○ Normal range of movements. • Depending on age and desired activity level, approximately 3 months post op patient should be referred to biokineticist for an isokinetic assessment.