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1.0 Policy Statement

1.1 It is the policy of Cappagh National Orthopaedic Hospital to provide a patient focused physiotherapy service delivered by chartered physiotherapists and support staff working in a well-equipped environment.

1.2 It is the policy of Cappagh National Orthopaedic Hospital to provide health professionals and the public with the necessary advice and guidance on physiotherapy rehabilitation.

2.0 Purpose

2.1 The purpose of this guideline is to advise health professionals and patients on the physiotherapy rehabilitation of a person undergoing a Total Hip Replacement.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing a Total Hip Replacement, community staff involved in the pre and post-operative care of the patient, the patient and their family.

4.0 Health & Safety

4.1 There are health and safety risks involved in patient care, namely risk of physical injury to patient and staff, risk of infection.

4.2 Physiotherapists have the necessary qualifications and clinical experience to carry out this guideline and to supervise unqualified support staff.

4.3 They must be eligible for membership of their professional body, the Irish Society of Chartered Physiotherapists (ISCP).

4.4 They undertake mandatory manual handling, basic life support training, fire safety, infection prevention and control and risk management.

4.5 They complete a minimum of 100 hours continuing professional development every three years as required by the ISCP.

5.0 Responsibilities

5.1 It is the responsibility of physiotherapists to implement this guideline.

6.0 Definitions and Abbreviations

<table>
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<tr>
<th>Abbreviation</th>
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<tr>
<td>THR</td>
<td>Total Hip Replacement</td>
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<tr>
<td>THR surgery</td>
<td>Surgery involving the excision of damaged bone and insertion of implants to both the femoral and acetabular components of a hip joint.</td>
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7.0 Guideline

7.1 Pre-Operative

7.1.1 Patients should be evaluated prior to surgery, including:

7.1.1.1 Assessment of joint range of motion, muscle strength, mobility and general function.

7.1.1.2 Respiratory assessment and treatment if necessary.

7.1.1.3 Explanation of post-operative physiotherapy management, including respiratory and circulatory exercises.

7.1.1.4 Teaching independent bed mobility and transfers.

7.1.1.5 Pre-operative exercise/activity programme.

7.1.1.6 Education - pre-operative education can reduce anxiety and improve post-operative outcomes, especially with respect to pain, functioning and length of hospital stay (McDonald et al, 2007). In Cappagh this is achieved through attendance at a multi-disciplinary pre-assessment clinic.

7.2 Post-Operative

Review operation notes and post-operative physiotherapy and mobility instructions.

7.2.1 Day 1

7.2.1.1 Assess respiratory status and treat if necessary.

7.2.1.2 Encourage bed mobility, circulatory exercises, isometric quadriceps and gluteal exercises.

7.2.1.3 Stand patient out of bed towards the operation side with a frame and assistance as appropriate.

7.2.1.4 Practice stepping on the spot, or short walk with frame as able.

7.2.1.5 Return patient to bed or sit out for a short period if able.
7.2.2 Day 2 - 3 onwards

7.2.2.1 Mobilise with frame, weight bearing as tolerated unless otherwise instructed.

7.2.2.2 May sit out for short periods.

7.2.2.3 Promote safety awareness and T.H.R. post-operative precautions.

7.2.2.4 Commence hip mobility exercises as appropriate; avoid hip adduction beyond the mid-line and flexion beyond 90°.

7.2.2.5 Gait - assess and progress to frame, crutches or sticks as appropriate - crutches are indicated in the following circumstances:
   - Bone grafting
   - Revision surgery
   - An un-cemented prosthesis
   - Surgeons request
   - Lateral approach with trochanteric wiring

7.2.2.6 Assess transfers and progress to restore independence.

7.2.2.7 Step or stair practice.

7.2.2.8 Home exercise programme to include calf raises, active hip abduction, extension and flexion in standing.

7.2.2.9 Attend Occupational Therapy Hip Education Group when independently mobile.

7.2.2.10 Liaise with other disciplines and family as necessary.

7.2.2.11 Refer for convalescence or community services as necessary.

7.2.3 Discharge Criteria

7.2.3.1 Independent with appropriate walking aid.

7.2.3.2 Independent with transfers.

7.2.3.3 Steps/stairs negotiation if appropriate.

7.2.3.4 Aware of home exercise programme, precautions and possible complications.
7.2.4 6-8 week onwards
7.2.4.1 Review by their surgeon.
7.2.4.2 Wean off walking aids if appropriate (some surgeons or surgeries require patients to remain on crutches for 12 weeks).
7.2.4.3 Advised to gradually return to normal activities such as driving, recreational walking, swimming, sexual activity. All activities should be within comfortable limits.
7.2.4.4 Patients are invited to contact their physiotherapist if they have concerns or for advice regarding progress.

7.2.5 12 weeks
7.2.5.1 Patients are invited to contact the physiotherapy department to arrange a review appointment 12 weeks post-surgery to:
• Encourage return to normal activities
• Wean off walking aids and address any gait problems
• Address specific problems such as muscle weakness, limited range, leg length discrepancy, risk of falls

7.3 Joint Register
7.3.1 Review at Cappagh Joint Register clinic at 6 months, 2 years, and then 5 yearly for life. Referred back to physiotherapy for specific problems.

7.4 Return to Activities
7.4.1 Red Alert:
Running, jogging, contact sports (soccer, rugby, GAA); jumping sports and high impact aerobics are considered dangerous activities that are not allowed after THR.

7.4.2 Orange Alert:
Vigorous walking or hiking, skiing, tennis, repetitive aerobic step climbing and repetitive lifts of greater than 50lbs are considered dangerous activities that should be avoided.

7.4.3 Green Alert:
Driving, recreational walking and light hiking, swimming, recreational cycling, golf and ballroom dancing are all activities that should be encouraged and introduced gradually after 6-8 weeks.
(Klein et al (2007))
8.0 Related Documents
IM-CNOH-11 Total Hip Replacement – Patient Information Booklet

9.0 Appendices
9.1 Physiotools exercise sheet

10.0 References
APPENDIX 9.1  Physiotools Exercise Sheet

Personal Exercise Program

Hip, THR Exercise Sheet/Stairs

Lying on your back with a sliding board under your leg.

Bend and straighten your hip and knee by sliding your foot up and down the board.

Repeat ___ times.

Stand straight holding on to a support.

Lift your leg sideways and bring it back keeping your trunk straight throughout the exercise.

Repeat ___ times.

Stand straight holding on to a chair.

Bring your leg backwards keeping your knee straight. Do not lean forwards.

Repeat ___ times.
S tand on one leg.

Raise your knee up as high as possible.

Repeat ___ times.

S tand.

Push up on your toes. Repeat ___ times.

First take a step up with your healthy leg.

Then take a step up with your affected leg.

Then bring your crutches up on the step.

Always go one step at a time.

First put your crutch one step down.

Then take a step with your affected leg.

Then take a step down with your healthy leg, onto the same step as your affected leg.

Always go one step at a time.