1.0 Policy Statement ........................................................................................................ 2
2.0 Purpose ......................................................................................................................... 2
3.0 Scope ............................................................................................................................. 2
4.0 Health & Safety .............................................................................................................. 2
5.0 Responsibilities ............................................................................................................ 2
6.0 Definitions and Abbreviations ....................................................................................... 2
7.0 Guideline ....................................................................................................................... 3
  7.1 Pre-Operative ................................................................................................................. 3
  7.2 Post-Operative ............................................................................................................... 3
  7.2.1 Day 1 ......................................................................................................................... 3
  7.2.2 Day 2 onwards .......................................................................................................... 4
  7.2.3 Discharge Criteria .................................................................................................... 4
  7.2.4 6 week onwards ........................................................................................................ 4
  7.2.5 12 weeks ................................................................................................................... 4

7.3 Outcomes ...................................................................................................................... 4
8.0 Related Documents ....................................................................................................... 5
9.0 Appendices ................................................................................................................... 5
10.0 References .................................................................................................................... 5

Document Approvals

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**Technical Approval**

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**Management/ Clinical Approval**

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**Quality Authorisation**

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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 hip resurfacing.

3.0 Scope
   3.1 This guideline applies to all staff involved in the care of a person undergoing hip resurfacing surgery, 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.

   5.5 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
   Hip resurfacing involves replacing only the damaged or worn surfaces of the hip joint, conserving as much bone as possible. It is claimed to be appropriate for younger patients who expect to return to a full working life and sporting/functional activities (McMinn et al. 1996, Naal et al, 2007)
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.

7.1.1.7 Hip precautions are not necessary, although some surgeons request that precautions are observed for the first 6 weeks.

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 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 of two or more 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 onwards

7.2.2.1 Hip mobility exercises as able, in lying and in standing, to include calf raises, active hip abduction, extension and flexion.

7.2.2.2 Gait: assess and progress. Crutches or sticks depending on surgeon’s preference (usually partial weight bearing with crutches for 6 weeks).

7.2.2.3 Transfers: assess and progress to restore independence.

7.2.2.4 Step or stair practice.

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 Safe on steps/stairs.

7.2.3.4 Aware of home exercise programme and possible complications.

7.2.4 6 week onwards

7.2.4.1 Review by their surgeon.

7.2.4.2 Wean off walking aids.

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 Outcomes

7.3.1 Patients are expected to return to normal activities within 12 weeks of surgery, with no limitations.
8.0 Related Documents
Individual Physio tools exercise sheets
IM-CNOH-14 Hip Resurfacing - Patient Information Booklet

9.0 Appendices
N/A

10.0 References