

## Birmingham Hip Resurfacing

**Precautions:** Main precaution is groin pain after surgery. This is a possible sign of fracture in the femur and the patient should immediately be NWB on surgical extremity and physician notified. Patient is to be sent immediately to physician for x-rays. For 6 weeks, follow total hip precautions. Dr. Barba is the only physician with Orthollinois who performs this surgery.

### Phase I (1 – 5 days post-op)

- Wound care: Observe for signs of infection
- Modalities: PRN for pain and inflammation (ice, IFC)
- Edema: Ice, elevation, and/or compression stockings (TED hose)
- Gait: Ambulation with walker or 2 crutches with WB restrictions per physician
- ROM: AROM/AAROM/PROM knee and hip (per total hip precautions)
- Exercises: Isometric quadriceps and hamstring exercises

### Phase II (5 days – 4 weeks post-op)

- Wound care: Continue to monitor for signs of infection and begin scar management techniques when incision is closed
- Modalities: Continue PRN
- Edema: Ice, elevation, and/or compression stockings (TED hose)
- Gait: Until 3 weeks post-op, ambulation with 2 crutches, then only 1 crutch until 4-6 weeks post-op. Be aware of any groin pain. D/C crutches/walker when gait is normalized
- ROM:
  - Passive stretching of hip in all planes of motion, within posterior THA precautions
  - AROM in sitting and supine positions
  - Bike no resistance for ROM
- Strengthening: Hip and knee exercises, progressive resistive exercises, and open and closed chain exercises
  - Begin in gravity minimized positions and progress to anti-gravity positions

### Phase III (4 weeks – 10 weeks post-op)

- Wound care: Observe for signs of infection. Continue scar mobilizations
- Modalities: Continue PRN
- Gait: At 4-6 weeks, progress to independent ambulation on all surfaces
- ROM:
  - Passive stretching of hip in all planes of motion, within posterior THA precautions for 6 weeks

- Then slowly progress into active, controlled movements past the initial ROM restrictions pendant patient tolerance
- For 6 weeks, no lifting > 30#
- Strengthening:
  - Increase resistance of closed chain strengthening
  - Progress activities to improve function including up/down stairs
    - Normalize gait pattern and ADLs
    - SLS >15 seconds
    - Proprioceptive training
  - Possible RTW with physician restrictions
  - Progress HEP or exercise routine at fitness center

#### **Phase IV (10+ weeks post-op)**

- Progress strength to allow ambulation of community distances, all home ADLs, and increased work activities if needed
- Work specific balance and proprioceptive exercises
- Dynamic LE strengthening exercises
- More challenging hip and core strengthening in multiple planes of motion and on uneven surfaces
- No impact for 6 months.

Adapted From:

- 1) O'Leary, K. UW Health Sports Medicine. Available at: [www.uwsportsmedicine.org](http://www.uwsportsmedicine.org). Accessed 2022.
- 2) Birmingham Hip Resurfacing Rehabilitation. Vanderbilt Medical Center, 2014.
- 3) Jacksonville Orthopedic Institute, Birmingham Hip Resurfacing, 2015.