HIP SPACER POST-OPERATIVE GUIDELINES

The following hip spacer guidelines were developed by HSS Rehabilitation. Progression is both criteria-based and patient specific. **Phases and time frames are designed to give the clinician a general guideline for progression, with an emphasis on avoiding aggressive rehabilitation while the spacer remains in situ.** It is crucial to respect the tenuous nature of the temporary joint and to be cautious of the risk of bony as well as spacer degradation from aggressive resistive or weight bearing (WB) exercises. The rehabilitation program following hip spacer implantation emphasizes education, early, controlled functional range of motion to prevent stiffness, and isometrics to avoid atrophy of musculature. We encourage strengthening of the upper extremities (UE) and core to provide additional support during the prolonged limited WB phase while awaiting total hip arthroplasty revision surgery. Most importantly the program should emphasize pain-free performance of modified functional activities.

Follow surgeon modifications as prescribed.

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HIP SPACER POST-OPERATIVE GUIDELINES

Acute Care Phase: Maximum Protection Phase

PRECAUTIONS

- Avoid prolonged sitting, standing, and walking
- Avoid severe pain with exercises
- Avoid lying on operated side and sitting on low, soft surfaces
- Use pillow between the knees when lying on non-operative side
- Follow WB precautions as instructed by surgeon; weight bearing is usually limited or protected
- Follow precautions specific to surgeon:
    - *Posterolateral Standard Hip Precautions**: Avoid hip flexion greater than 90°, adduction past midline, and internal rotation
    - *Standard Anterior Hip Precautions*: Avoid combined hip extension with external rotation
    - *Trochanteric Hip Precautions**: Avoid any passive adduction of the limb, and no active abduction of the hip

  ** May have a combination of these two precautions or may exist independently- confirm with surgeon*

ASSESSMENT

- Mental status (alert and oriented x 3)
- Numeric pain rating scale (NPRS)
- Sensory and motor screening
- Swelling
- Wound status
- Functional status

TREATMENT RECOMMENDATIONS

- Education on brace management as appropriate
- Education on activity modification and importance of joint protection
- Cryotherapy and elevation of lower extremity to prevent swelling
- Transfer training in and out of bed, and sit to stand from chair/toilet
- Gait training with WB status as prescribed by surgeon with appropriate assistive device, utilizing bilateral UE support
- Activities of daily living (ADL) training

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- Use of diaphragmatic/deep breathing techniques
- Gentle strengthening exercises including quadriceps and gluteus isometrics, ankle pumps, seated knee extension, and standing knee flexion
- Initiate home exercise program (HEP) to include light UE strengthening and neutral spine core activation via abdominal setting

CRITERIA FOR ADVANCEMENT

- Transfers from supine to sit and sit to stand safely
- Ambulates safely with appropriate device and adherence to limited WB status on level surfaces and stairs as needed
- Independent HEP
- Discharge home when goals have been achieved and with surgeon clearance

EMPHASIZE

- Edema control
- Ambulation and transfers with assistive device
- Pain free gentle exercises
- Protection of operated limb through protected WB

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HIP SPACER POST-OPERATIVE GUIDELINES

Post-Operative Phase: Outpatient

PRECAUTIONS

- Avoid prolonged sitting, standing, and walking
- Avoid severe pain with exercises
- Avoid lying on operated side and sitting on low, soft surfaces
- Use abduction pillow when lying on non-operative side
- Avoid reciprocal stair climbing
- Avoid aggressive passive range of motion (ROM) to the operated hip
- Follow WB precautions as instructed by surgeon and physical therapist; WB is usually limited or protected
- Note: Increased risk of hip spacer dislocation in patient with non-compliance with precautions
- Follow precautions specific to surgeon:
    - *Posterolateral Standard Hip Precautions**: Avoid hip flexion greater than 90°, adduction past midline, and internal rotation
    - *Standard Anterior Hip Precautions*: Avoid combined hip extension with external rotation
    - *Trochanteric Hip Precautions**: Avoid any passive adduction of the limb, and no active abduction of the hip

    ** May have a combination of these two precautions or may exist independently- confirm with surgeon*

ASSESSMENT

- Lower Extremity Functional Scale (LEFS)
- Hip Disability and Osteoarthritis Outcome Survey, Junior (HOOS JR)
- Active/Passive ROM within precautions
- NPRS
- Objective functional measure (e.g., timed-up and go (TUG), 30 second sit to stand)

TREATMENT RECOMMENDATIONS

- Modalities for pain and edema, cryotherapy
- Gait training with focus on maintaining limited or protected WB status with appropriate assistive device (step-to pattern)
- Reinforce non-reciprocal stair climbing while maintaining WB status
- Teach independence with ADL
- ROM through mid-range per precautions and functional movements such as bed mobility and sit to stand

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- Improve active ROM to allow for return to modified functional activities
- Gentle therapeutic exercises that emphasize strengthening of knee, ankle, UE, and core
- Upper body ergometry for cardiovascular conditioning

CRITERIA FOR DISCHARGE

- Swelling and pain controlled
- Ambulation on level surfaces independently maintaining limited or protected WB status with appropriate assistive device
- Independent with ADL
- Independent with HEP to be continued until revision surgery

EMPHASIZE

- Edema control
- Functional mobility
- Maintenance of limited or protected WB status
- Adherence to precautions
- Core/knee/UE strengthening

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HIP SPACER POST-OPERATIVE GUIDELINES

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