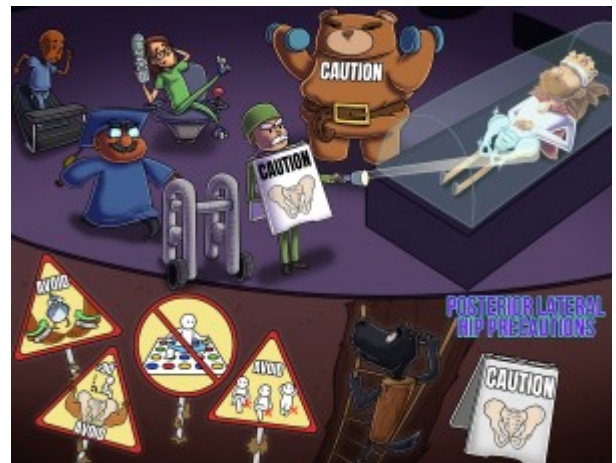


Posterior Lateral Hip Precautions

The goal of hip surgery is to allow the patient to resume daily activities and exercise with less pain. During surgery, there are several ways the surgeon may access the hip joint. The posterior lateral hip replacement surgery approach is the most common because there is no disruption to the gluteus medius and minimus muscles, which allows the patient to still be able to perform hip abduction. Specific and general precautions, along with durable medical equipment, are given after each hip surgery to ensure that the hip does not dislocate. Generally, after 6 weeks, the capsule is usually well healed, but 12 weeks is considered the normal time frame for the capsule to heal completely. The therapist's role with hip replacements begins right after surgery, in acute care settings, with the therapist educating the patient on weight-bearing precautions and reinforcing exercises before they go home.



PLAY PICMONIC

Definitions

Hip Arthroplasty

[Hip King-Arthur-plastic](#)

Hip replacement, otherwise known as hip arthroplasty, is a surgical procedure to address hip pain. The hip joint consists of a ball and socket, or the top of the thigh bone (femur) and the hip bone (pelvis). Hip arthroplasty includes the replacement of one or both of these parts.

Hip Precautions

[Hip Precaution-sign](#)

After hip surgery, the surgeon will instruct the patient and care staff and caution them against activities that should not be done. These precautions are usually prescribed for 6-12 weeks postoperatively to encourage healing and prevent [hip dislocation](https://www.physio-pedia.com/Hip_Dislocation). The anterior hip replacement procedures usually have fewer precautions than posterior or posterior lateral hip precautions.

Precautions

Avoid Crossing Legs

[Avoid-sign Crossing Legs](#)

Due to where the surgeon has cut the hip joint capsule, posterior lateral hip precautions advise against the patient crossing their legs. There are three ways to "cross the legs," and they are the "tight-Leg" cross, "ankle-lock" cross, and "figure-4" cross. The "tight-leg" crossed-leg sitting position is when one leg is brought over the top of the other leg and the knees "stack" on top of each other. The "ankle-lock" crossed-leg sitting position is when one leg is brought over the top of the other leg, and the ankles are "stacked" on top of each other. The "ankle-lock" leg crossing is what people tend to do in a recliner chair position. The "figure-4" crossed-leg sitting position is when one ankle is brought over the top of the other knee, and the "stack" looks like the number 4. Only the surgeon knows exactly where the surgical incision was for each specific surgery, and preventing the femoral head and neck from pushing into and stretching out the hip capsule surgical incision is the entire reason for the precautions.

No Twisting

[No-sign Twister](#)

A precaution after posterior lateral hip replacement would be "No Twisting." Twisting the body would allow the leg to cross the body's midline and would lead to the patient crossing their legs. Patients tend to pivot on the operated leg when turning toward the operated leg, stepping across the operated stationary leg with the unoperated leg. Again, just like the precaution to avoid crossing legs, this will cause a possible hip dislocation. To avoid this, occupational therapists may instruct the patient to turn toward the operated leg by lifting the operated leg and setting the foot about 45 degrees toward the direction of the turn before pivoting on the operated leg.

Avoid Hip Flexion (>90 Degrees)

[Avoid-sign Hip Flexing 90 Degree Angle](#)

In the Posterior Approach to Total Hip Replacement, the patient is placed side-lying, and the operated hip capsule is cut posteriorly. The hip is dislocated through this posterior incision in the joint capsule by the surgeon taking the patient's leg into flexion, internal rotation (pigeon-toe), and adduction (across the midline of the body) to expose the femoral head and acetabular (hip) socket for preparation to receive the replacement components. After surgery, moving the operated leg into flexion past 90 degrees can move the femoral head against the posterior capsule's incision, risking dislocation or stretching out the capsule before it heals. A common way patients break the no >90 precautions is when getting up from a chair or commode. The patient must

consciously remember to scoot to the front of the chair, extend the operated leg's knee, and push themselves up with their arms and unoperated leg while keeping their trunk erect.

Avoid Internal Foot Rotation

[Avoid-sign Internal Foot Rotating](#)

As described with other precautions, the posterior lateral hip replacement approach has the surgeon cutting the hip capsule posteriorly. After dislocating the hip, the surgeon takes the patient's leg into flexion, internal rotation (pigeon-toe), and adduction (across the midline of the body) to expose the femoral head and acetabular (hip) socket for preparation to receive the replacement components. After surgery, moving the operated leg into internal rotation(pigeon-toe) can move the femoral head against the posterior capsule's incision, risking dislocation or stretching out the capsule before it heals.

Weight-Bearing Restrictions

[Weight Bear with Restrictive-belt](#)

Weight-bearing restrictions are given after hip replacement surgery to allow the hip to heal properly. These restrictions may include non-weight bearing restrictions (no weight placed on the extremity) and toe-touch weight bearing restrictions (only the toes are placed on the ground to help with balance), both of these involve using some type of assistive device, like a walker, crutches, or a cane.

Other Precautions

General Precautions

[General Precaution-sign](#)

There are some precautions that all total hip surgeries require, and they are: No driving for 3 weeks after a R total hip replacement No driving until the patient is off all opioids No dental work for 3 months Antibiotic before any dental work for life

Therapy

Education

[Educator](#)

The therapist provides education and counseling to address any emotional or psychological challenges associated with the recovery process. They offer support, coping strategies, and encouragement to promote a positive mindset and overall well-being.

Physical Therapy Rehabilitation Exercises

[Physical Therapist Rehabilitation Exercise-machine](#)

The PT designs an individualized rehabilitation program that focuses on strengthening the hip, improving range of motion, and enhancing overall functional mobility. These exercises are carefully selected to avoid movements that might violate the posterior lateral hip precautions.

Occupational Therapy Functional Mobility Training

[Occupational Therapist Functional-chair Mobility Mobile-phone Training-wheels](#)

In addition to ADL training, home safety assessments, assistive device training, and energy conservation techniques, OTs help patients improve their functional mobility while adhering to the precautions. This process may involve teaching proper techniques for getting in and out of bed, sitting and standing from chairs, negotiating stairs, and safely moving around the home environment.

Durable Medical Equipment

Durable Medical Equipment

[Durable Medical Equipment](#)

After hip replacement surgery, weight-bearing precautions are given and usually involve the patient using some type of assistive device, like a walker, crutches, or a cane during ambulation to help with the healing progress. Other devices, such as a sock aid, reacher, long-handled sponge, long-handled shower head, and shower chairs, will be suggested to help the patient return to as normal as possible daily routines and occupations.