

Anterior Lateral Hip Precautions

The hip joint consists of a ball and socket, or the top of the thigh bone (femur) and the hip bone (pelvis). The goal of hip surgery, also known as hip arthroplasty, is to allow the patient to resume daily activities and exercise with less pain by replacing one or both of these joints. Anterior lateral hip precautions, specifically warnings against external rotation and extension, are prescribed after hip surgery to ensure no undue stress causes the new prosthesis to dislocate. Weight-bearing precautions are also given, which describe the amount of pressure that can be applied when standing/walking. Both of these precautions, along with general hip replacement precautions, usually involve using some type of assistive device, like a walker, crutches, or a cane. The occupational 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. Generally, rehabilitation will continue a few days after surgery, with outpatient therapy 2-3 times per week, along with home exercise programs. The focus of therapy will typically be on restoration and helping the patient return to normal daily routines.



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

Extension and External Rotation

Extension-cord and External Rotation

During anterior total hip replacement surgery, the surgeon dislocates the femoral head from the acetabular socket (hip socket), removes the femoral head, and prepares the acetabulum to receive the new socket component of the total hip. No muscles are cut during this procedure, but the front of the joint capsule must be cut in order to access the femoral head and socket. The joint capsule originally seals the hip joint, lubricating it and keeping fluid inside the capsule. This capsule will need to have time to heal before it can withstand the pressure from the femoral head as it rotates forward when the patient moves into the range of motion of external rotation and extension. External rotation and extension are the range of motions the surgeons use during surgery to dislocate the hip through the anterior portion of the joint capsule. An example of external rotation and extension would be kneeling on the operated leg with the foot turned out, then moving body weight forward onto the opposite foot.

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

Physicians educate patients about the specific precautions associated with anterior lateral hip precautions. They explain the rationale behind each precaution and emphasize the importance of adhering to them to prevent complications and promote optimal healing. The therapist also provides detailed instructions on how to perform activities while following the precautions. This process includes teaching proper techniques for sitting, standing, walking, and performing specific exercises. They guide patients on the use of assistive devices like crutches or walkers, if necessary, to offload weight from the surgical site.

Physical Therapy Gait Training

Physical Therapist Gate Training-wheels

PTs assist patients in learning proper gait patterns and weight-bearing techniques while adhering to precautions. They guide patients in maintaining the prescribed stride length, foot positioning, and weight distribution during walking to ensure the protection of the surgical area.

Occupational Therapy Home Exercise Program

Occupational Therapist Home Exercise-machine

In addition to ADL training, home safety assessment and modifications, energy conservation strategies, adaptive equipment training, and home exercise program, OTs may prescribe a home exercise program that complements the PT's interventions. This program focuses on upper body strengthening, coordination, and maintaining mobility in unaffected areas to support overall functional recovery during the precautionary period.

Durable Medical Equipment

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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.