

# Precautions After Total Hip: Do We Really Need Them?

## Physical Therapy in Twin Falls and Buhl for Hip

Is Total Hip Surgery marked on your calendar? It is recommended to speak to your doctor and a Physical Therapist to discuss post-operative activity restrictions. It is important that you know that this article relates to the post-operative outcome of Total Hip Surgery when the anterolateral surgical approach is used.

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Anyone who has had a hip replacement knows that there are certain precautions that must be followed to avoid dislocating the new hip. Everyone from the doctor to the Physical Therapist to the nurse and even family members are there to tell you don't do this and don't do that. Sleeping at night on your back with a wedge strapped between the legs is the worst. Patients have complained enough that surgeons are taking a second look at this issue.

There is some suggestion that maybe those precautions aren't really necessary after all. With today's updated surgical techniques and less invasive procedures, perhaps the risk of a hip dislocation just isn't as real as it once was. To find out, surgeons from Lehigh Valley Hospital in Allentown, Pennsylvania conducted this randomized prospective study. Half the patients were in the standard restrictions group. They had to avoid bending the hip past 90 degrees and couldn't ride in a car for the first month following surgery.

The other half were in the early group. There were no hip flexion or car riding restrictions placed on these patients. They were told not to cross the legs but could bend at the waist or from the hip as long as they were comfortable doing so. They could even sleep in any position they wanted without even a pillow between the legs. Sitting on a toilet could be done without the special raised toilet seat required in the standard precautions (restricted) group.

All patients in both groups had the same hip replacement operation (a modified anterolateral procedure). A single surgeon who specializes in total hip replacements performed all the operations. A description of the surgical procedure used and detailed information about the hip implants were provided in this article. The patients were matched between the two groups for age, socioeconomic background, and size (body mass index).

Simply stated, the early group did better in all ways and with no more complications than the standard restrictions group. There were no hip dislocations reported in either group. The early group switched from a walker to a cane sooner than the restricted group. The early group got rid of the cane sooner. They stopped walking with a limp significantly before the restricted group. They were back behind the wheel driving much sooner, too. All-in-all the early group was so successful, the authors ended the study and switched all of their appropriate patients to an early rehab protocol.

Patients in the accelerated group reported being much happier with the results. They felt their quality of life was much improved compared with the restricted group. The rapid recovery of function and ability to return to daily activities without problems were two reasons why the early group was so pleased with this post-operative approach.

The authors concluded that postoperative hip precautions don't add any benefit to patients and actually keep them from doing what they are able to do. Until further studies are done, patients should be hand picked for this type of approach. They must be in good health and willing to follow their surgeon's advice. Only certain surgical techniques allow for the elimination of restrictions. A pre-op program of education and instruction

is advised so that patients know the potential risks of doing more than is reasonable following this type of surgery.

Reference: Prodromos A. Ververeli, MD, et al. Evaluation of Reducing Postoperative Hip Precautions in Total Hip Replacement: A Randomized Prospective Study. In *Orthopedics*. December 2009. Vol. 32. No. 12. Pp. 889-893.