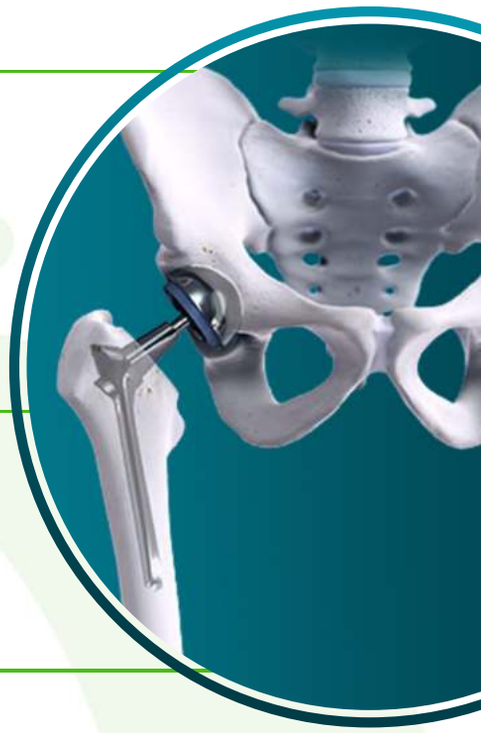
www.drapoorvdua.com +91 - 9034333133

DR. DUA'S SPECIALITY CLINIC
Giving life to life

CEMENTED
TOTAL HIP REPLACEMENT



DAY 0 - DAY 5

As soon as the anesthesia effect wean off we should try to incorporate exercises at earliest

- Ankle toe movement
- Static Glutei, Quads, Hams
- Gentle Heel Slides
- Assisted abduction supine lying from 30^0 of abduction
- Legs to be maintained in 30^0 of abduction by keeping a triangular pillow in between.
- Dynamic quads in high sitting with reclining backward thus maintain the pelvic femoral angle more than 90^0
- Walker aided ambulation, tolerable weight bearing

WEEK 1 - WEEK 3

- Static Glutei, Quads and Hams
- Knee bending(upto 90^0)
- Heel slides
- Previous exercises continued
- VMO strengthening exercises
- Raised toilet seat of 17 inches or more for activities
- Walker aided full weight bearing

WEEK 3 - WEEK 6

- Start one leg standing with support
- Knee bending beyond 90^0, in supine
- Can take turns with pillow in between to avoid adduction
- Continue with previous exercises
- VMO strengthening exercises
- Stick aided full weight bearing ambulation with proper heel toe pattern
- Stair climbing started
- Gradually decrease the height of toilet seat to normal at the end of 6 weeks

WEEK 6 - WEEK 8

- Sitting allowed on normal chair not below 12 inches
- Gradual increase the walking duration with proper heel toe pattern
- Sit to stand with gradual decrease in height along with stretching of gastro-soleus muscles
- VMO strengthening exercises
- Proprioceptive and Balance Training and Exercises and its progressions
- Encourage normal simulated walking with proper heel toe pattern

WEEK 8 - WEEK 12

- Continue exercises as advised in previous phases
- Progression of ambulation on uneven surface and stairs (both ascend and descend)
- Emphasis on enhancement of eccentric contraction and eccentric control of knee
- Treadmill walking for proper and efficient gait pattern
- Return to normal activity of daily living