

TOTAL HIP ARTHROPLASTY



WHAT IS IT?

- THA, THR
- Typically an elective procedure after they suffer from chronic pain and disability
- Usually the result of some type of arthritis
- Can be performed in patients with a history of avascular necrosis, childhood hip disease, ankylosing spondylitis, fractures, tumors that have been removed



ANATOMY

- THA removes the damaged hip with a prosthetic
- There are partial and total hip replacements
- Partial: only replaces the ball of the hip joint; used with elderly patients mostly
- Total: Damaged femoral head is removed and replaced with a metal insert that is placed into the hollow center of the femur, a metal or ceramic ball is placed into the upper part of the femur, which replaces the damaged femoral head, and the acetabulum is replaced with a metal socket and held with screws or cement. A plastic or ceramic spacer is also inserted to allow for a smooth, gliding surface.



OTHER TESTING

- X Rays are taken prior to surgery to determine the condition of the hip joint



DIFFERENTIAL DIANOSIS

- Usually an elective surgery so people should know
- Important to know what kind of hip replacement was performed (anterior or posterior approach) as it will determine post-surgical precautions
- Precautions: sometimes patients are unable to bear weight post surgery if the surgery was done post-trauma/fracture



TREATMENT EXAMPLES

- Prevent infection, check incision (should be clean, dry, not look infected)
- Early mobilization to decrease risks of DVT and infection (Day 0 they will work with a PT)
- Gain ROM, strengthening
- Utilize functional activities (practice supine to sit with precautions)
- Manage scar tissue with scar tissue massage as soon as the incision is healed and the staples or stitches have been removed
- Be aware that the patients can have orthostatic hypotension post-surgery; monitor blood pressure



PRECAUTIONS

- Posterior approach: no hip flexion past 90 degrees, no internal rotation, no adduction (crossing the legs); sitting in a chair need be monitored and be sure they are not in >90 degrees of hip flexion
- Anterior approach: no hip extension, no external rotation, and no crossing the legs. No walking backwards and sleep on the surgical side if they are sidelying. They are not supposed to sleep on the non-surgical side.



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