

PHYSIOTHERAPY POLICIES AND PROCEDURES

TOTAL JOINT REPLACEMENTS –DR. PRODGER

General information:

Weight-Bearing Orders:

Full weight-bearing Day 1.

- I am happy for patients to mobilise as soon as able. If there is any reason for them not to mobilise before I have seen an X-ray, this will be documented in the post operative notes.

Hip Replacements:

Posterior surgical approach – **no Charnley pillow**. (To prevent pressure from strap on common peroneal nerve.)

Knee Replacements:

No CPM unless requested.

Hydrotherapy:

No hydrotherapy for 7 days after staples are removed/wound checked. Usually 3 weeks post op.

Day 0 (only seen if specific concerns):

- Review surgical notes for any specific orders.
- Review anaesthetic notes –make note of blocks used.
- Patient to be seen for bed exercises and chest care only.
- Document in clinical pathway

Day 1 am:

- Monitor Hb results. (May require transfusion if Hb<9 and Hct <0.3 male, 0.27 female.)
- Review nerve blocks and muscle strength.
- Review bed exercises and chest care.

Day 1 pm:

- Ensure patient is able to perform some inner range quads before attempting to weight-bear.
- Review bed exercises and chest care. SOEB (sit out at edge of bed).
- Get out of bed if well and medically stable (chest, nausea, BP, Hb). Transfer to chair with forearm support frame (FASF) and/or mobilise as tolerated.

Day 2:

- Progress to walking aid of choice (as discussed at pre-op clinic).
- Progress physio program as tolerated.

Discharge Normally Day 3-4:

- When patient has achieved goals of functioning and is confident.

- Goals for TKR: 90° knee flexion
 - Safe mobility with walking aid
 - Independent with home exercises
 - Stairs attended
- Goals for THR: Independent transfers
 - Safe mobility with walking aid
 - Independent with home exercises
 - Stairs attended
- ***All TKR patients are to be referred for post operative physiotherapy on discharge for monitoring and progression. THR referred as required.***

TKR Outpatients Aims: full extension by 4 weeks and 90 degrees flexion (minimum) at 6 weeks. Strengthen quadriceps.

THR Outpatients Aims: Gait reeducation. Balance exercises and core stability/gluteal strengthening.

Last Review Date:

4.2013

Next Review Date:

2.2016