

PHYSIOTHERAPY PATHWAY
WAHT-TP-011
Post-operative Physiotherapy Pathway
Proximal Femoral Endoprosthetic Replacement

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Owner:	Benjamin Thomas Physiotherapy and Orthotics Manager
Approved by	Therapies Clinical Governance Group
Approval Date	11 th August 2023
Review Date	11 th August 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25 th January 2023	Document extended to 30 th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23 rd June 2023	Document extended for another 3 months whilst under review.	Benjamin Thomas
11 th August 2023	Document approved for 3 years	Therapies Governance Group

This pathway is intended as a guide, not a strict regime. The treatment of a patient may vary from the normal.

Pre-Op: Patients should ideally attend pre-operative assessment, but as some patients are emergency admissions this is not always possible.

- Explain post op regime
- Identification & provision of assistive equipment if required for post-op precautions. Advice re organisation of home environment.
- Confirm discharge destination and support for immediate post discharge period.
- Education of hip precautions.
- Identify 'complex' discharges that may need package of care on discharge.

Post-Op:

It is the aim that all patients that have had a Routine Primary Proximal Femoral Endoprosthetic Replacement follow this protocol where the post - operative instructions read ***routine or Full Weight Bearing (FWB)***. It is the responsibility of the operating surgeon to document if they do not wish their patient to follow this protocol. Strict adherence to the day to day progress is not necessary and needs to be guided by the progress of the patient.

Day 0:

- Surgery
- Post-operative prophylaxis breathing exercises
- Circulatory exercises

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Day 1:

- Check operation notes
- Assisted Bed exercises
- Advise patient of Hip Precautions for 3/12
- Confirm discharge plan and all equipment in situ

Day 1 – 2:

- Review assisted bed exercises
- Edge sit and stand if appropriate
- Mobilise with ZF FWB as tolerated
- Confirm hip precautions during transfers and mobilisation

Day 3 – 4:

- Independence with Zimmer Frame, progress to E/C as appropriate
- Review exercises
- Transfer practice

Day 5 onwards

- Independence with elbow crutches
- Progression of exercises and weight-bearing
- Independent transfers
- Standing exercises for home exercise plan if appropriate
- Stair assessment and D/C home if appropriate
- Refer for outpatient physiotherapy (and hydrotherapy if possible)

NB: A functional Ax will be undertaken by an Occupational Therapy during the post - operative period and collaboration with the MDT should be sort when planning discharge.