

## Instructions for Patients and Physiotherapists Direct Anterior Approach, Hip Replacement Exercise Programmes

These exercise programmes are intended as a guide to prepare patients for surgery and help them rehabilitate after a minimally invasive, direct anterior approach, muscle sparing, hip replacement undertaken by Professor Richard Field.

In addition to relieving hip pain, we want to help our patients increase their physical activity and regain confidence in movement. These programmes will provide a structured route to achieve these goals. The programme has five stages and the latter two stages may not be necessary in all cases. The stages are:

- Pre-operative exercises
- Early stage exercises
- Mid stage exercises
- Late stage exercises
- Advanced exercises

We strongly recommended that a physiotherapist manages every case so that a personalised rehabilitation programme is tailored to the specific needs and ability of each patient. Rehabilitation following hip surgery should be approached cautiously and built up gradually over a 20-30 week period. There should be incremental increases in the difficulty and duration of exercises.

If any exercise is painful, it should be stopped and reviewed by the physiotherapist. The patient may be attempting the exercise too early, doing it incorrectly or too often. Physiotherapists are welcome to contact our team if they have any queries.

### **Return to running and other impact activities**

If a patient wishes to return to running and other impact activities, a graduated walk-to-run programme is recommended. However, this should only be tried if the patient satisfies all of the criteria listed below:

- The hip is pain free for walking long distances.
- If either the socket or stem is uncemented, more than six months must have passed since the hip was implanted.
- Check X-rays at a minimum of six months confirm a well-fixed replacement.
- Movement in the hip is normal.
- Satisfactory muscle control of the hip and pelvis has been achieved.
- Strength in the operated leg should be 95% of the unaffected leg. Physiotherapists should assess and advise on this.

We wish you all the best with your recovery.