

# THE REHABILITATION INTERVENTION ON TOTAL HIP REPLACEMENT IN HOSPITAL FERNANDO FONSECA

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## INTRODUCTION

Total Hip Replacement (THR) is a surgical option frequently used for the resolution of clinical situations such as hip osteoarthritis, status post-fracture or avascular necrosis of the femoral neck, as well as in the context of other pathologies, such as rheumatoid arthritis.

Since January 2005, The Rehabilitation Department of Hospital Fernando Fonseca (HFF) is applying a treatment protocol in all THR cases that fulfil a set of inclusion criteria. This protocol is applied to inpatients and is continued even after hospital discharge. A specialized rehabilitation team composed of one rehabilitation physician, six physical therapists and one occupational therapist, has been working in this project, exploring modalities of treatment and adjusting criteria, with the aim of reaching more functional and successful results.

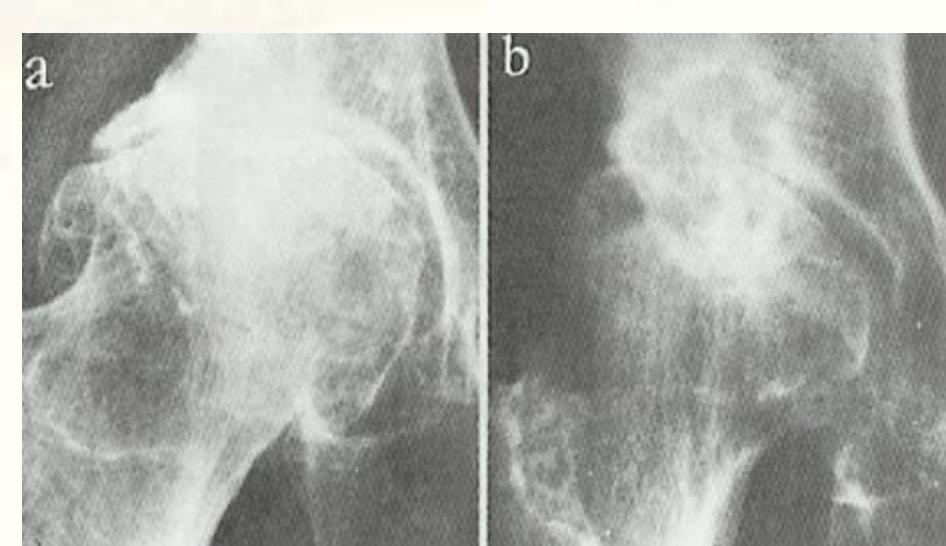
The casuistical data presented here refer to the period between January 2005 and June 2006.

## OBJECTIVE

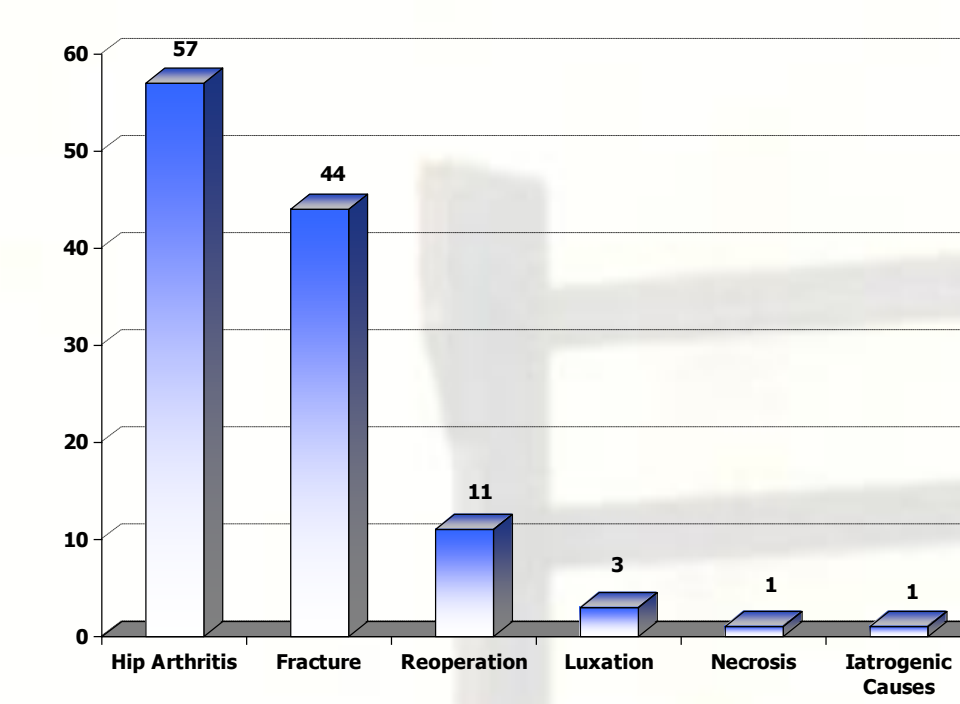
Our objective is to demonstrate the results of the recent application, which was started in 2005, of the treatment protocol that the Rehabilitation Department of Hospital Fernando Fonseca is applying in THR cases, and whose first results will become clear in approximately four months.

## THR PROTOCOL

### 1 - SURGERY

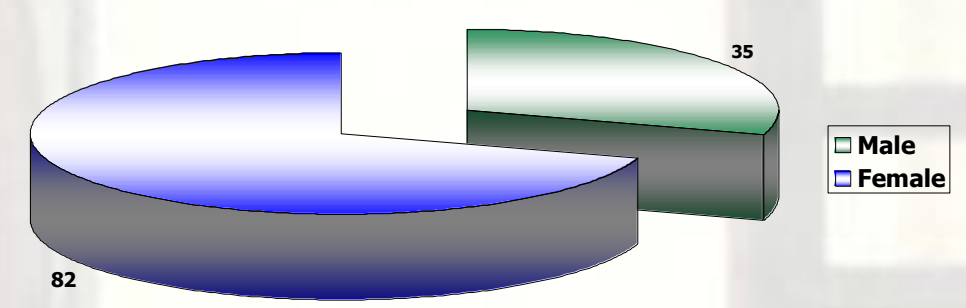


Exemples of clinical situations where THR is a frequent treatment option



Distribution by aetiology (all THR patients treated by the Rehabilitation Team in the Orthopaedics Department, some of these patients did not fulfil THR Protocol criteria).

### 2 - MEDICAL REFERENCE - (Written request by the surgeon to the rehabilitation team)



Sex distribution of patients treated by our rehabilitation team in the Orthopaedics Department

Total of inpatients treated by our rehabilitation team: 117  
 Mean age: 67.6 years  
 Interval between the surgical time and the rehabilitation start: 5.9 days  
 Interval between rehabilitation start and discharge from the hospital: 11.1 days

### 3 - INPATIENT REHABILITATION TEAM ACTIVITIES



Weekly team meeting



(Information booklet distribution)



### 4 - HOSPITAL DISCHARGE

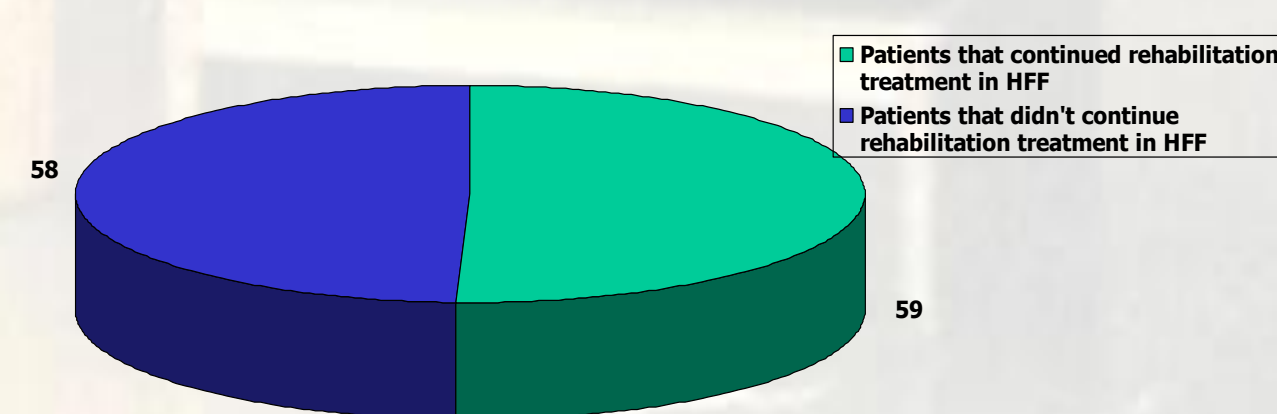
### 5 - OUTPATIENT REHABILITATION

- Total of patients included in the THR protocol: 29 patients
- Mean age: 64.37 years
- Mean time to rehabilitation start after surgery: 5.9 days
- Mean time from hospital discharge to start of treatment as outpatient: 7.86 days

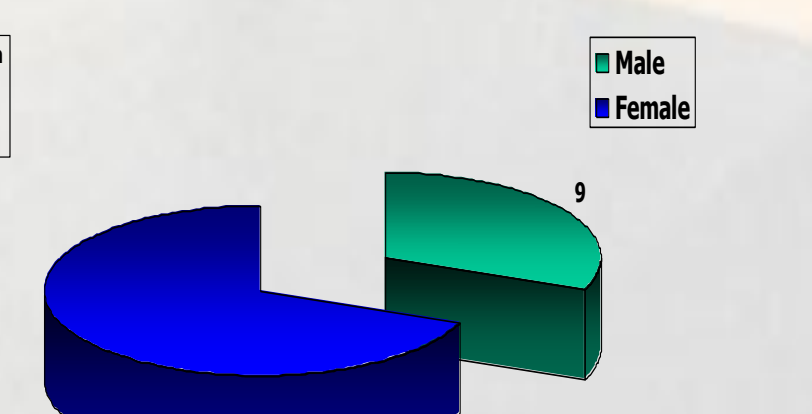
- Rehabilitation follow-up visit with MD scheduled before resuming rehabilitation treatment as outpatient
  - Physiotherapy 3 times a week in the first 2 months, twice a week thereafter until the 4th month.
- WOMAC scale at the start and 3 months after surgery  
 Discharge 4 months after surgery

#### THR PROTOCOL INCLUSION CRITERIA

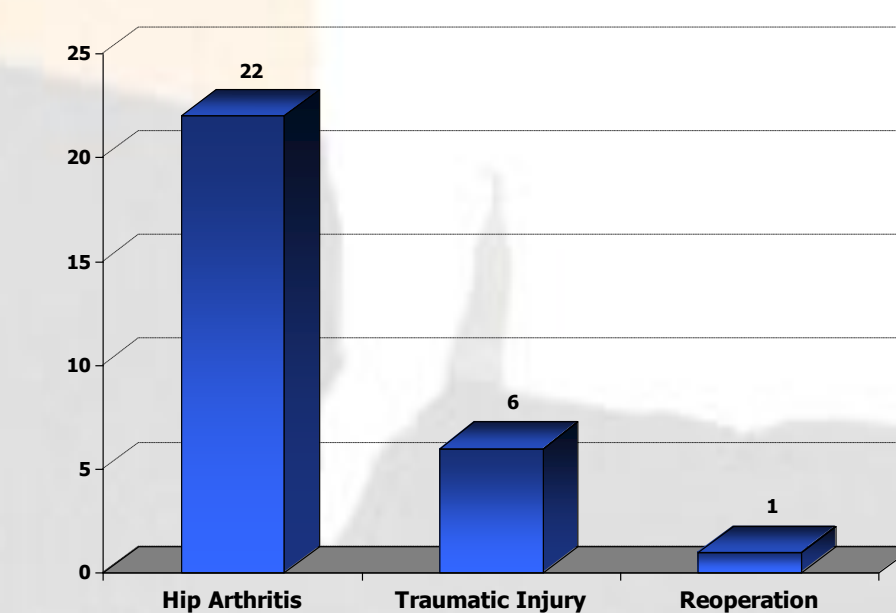
- 1- Non-cemented hip prosthesis
- 2- Age under 85 years
- 3- Aetiology:
  - Hip osteoarthritis
  - Femoral neck fracture
- 4- Non-restricted range of motion (ROM) on opposite hip and muscle strength over grade 3 on the opposite lower limb
- 5 - No ROM restriction on ipsilateral knee and ankle
- 6- General good condition and nutrition
- 7- Absence of other pathologies, such as central or peripheral neurological disease or injury, additional fractures, hyperalgetic back pain or thrombophlebitis



Number of patients who have continued rehabilitation treatment programme in HFF as outpatients, compared to those that didn't.



Sex distribution from the total patients who whose include in PTA protocol de PTA



Distribution by aetiology (patients included in THR protocol)

### 6 - END OF TREATMENT

### 7 - FOLLOW-UP VISITS - Re-evaluation at 6 months, 1 year and 2 years after surgery, including WOMAC scale assessment

## CONCLUSION

This protocol has been applied for the last twenty months in almost 100% of the patients which fully comprehend the inclusion criteria used in the beginning of the application. As referred, this protocol has a two years length of application, at the end of which we expect to have gathered a large quantity of results to analyse.

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