

# CASE STUDY: REHABILITATION OF TOTAL HIP REVISION

## PATIENT:

60-year-old female who underwent a R THR in November of 2009 due to degenerative joint disease.

**Significant co-morbidities include:** mastectomy due to breast cancer, cervical cancer, DM, and lumbar surgery in 2002.

**Medical history:** Patient notified that the hip prosthesis was recalled, and she underwent another replacement in December of 2010. Following her second surgery, the patient experienced recurrent dislocations. In June 2011, she underwent a total hip revision. Following her acute hospitalization, the patient received inpatient acute rehabilitation consisting of both physical therapy (PT) and occupational therapy (OT). She was discharged to home using a rolling walker after an eight-day stay. The patient was instructed to continue to follow total hip precautions.

## REHABILITATION:

Patient received two weeks of PT in her home consisting of gait training, general range of motion and light strengthening exercises. Her hip abduction strength was 3-/5 and she had general weakness throughout her lower extremities. Her incision healed completely.

Patient began outpatient PT with 3/5 hip abduction strength. She was unable to ambulate without the rolling walker, and a significant Trendelenburg gait was noted. Her physical therapy program consisted of gentle endurance exercises, ROM, progressive gait training and strengthening. The patient received cryotherapy as needed post therapy.

After three months of outpatient therapy, the patient continued to have 3/5 hip abduction strength, however she had progressed to 4+/5 strength t/o the LEs. She continued to have a minimal Trendelenburg gait and did not feel safe to walk with the cane in the community, but she walked without an assistive device at home.

This patient received two additional weeks of pool therapy consisting of weighted exercises and water-resisted exercises in a warm-water therapy pool. She was discharged with a self-directed water exercise program.

She continued to attend Good Shepherd's independent water exercise program, and after two months the patient was able to walk with a cane in the community, had 4/5 hip abduction strength and returned to activities such as cleaning her home and standing in the kitchen for more than 40 minutes. Plus, she is independent with ADLs.

## RESULTS:

The patient reports that for three years she was unable to do most things for herself, but after completing therapy and pool exercises she returned to a fully functional active lifestyle. She continues to attend Good Shepherd's pool exercise program three times per week. The patient reports that she hated to exercise in the past due to the pain, but now she looks forward to exercising in the pool.

## PATIENT TESTIMONIAL:

"This is the best program, especially for degenerated discs and arthritis," says the patient, who notes that her hip strength is improved. "I suffered for 11 years with degenerative discs in my back and neck, and in the water I can move freer and I don't have pain."

*For more information, contact Cynthia Bauer, PT, DPT, OCS, director, Musculoskeletal Outpatient Services, Good Shepherd Rehabilitation Network, at [cbauer@gsrh.org](mailto:cbauer@gsrh.org) or 610-776-3344.*

