Chicago Orthopaedics
& SPORTS MEDICINE, S.C.

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HIP AND KNEE REPLACEMENT
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Patient Name SAMPLE **Surgical Date** SAMPLE

Diagnosis LEFT / RIGHT Hip DJD **Procedure** Rapid Recovery Hip Replacement - LEFT / RIGHT THA

Discharge Date _____ **Start of Care Date** _____

Service Address _____

This is a pre-admission home health referral/letter of medical necessity for persons will be undergoing minimally invasive hip replacement.

Please Perform the Following:

RN: Evaluation & Treat X PRN As Follows

- We Request a nurse present two times after surgery.
- Visit 1: The day after surgery for initial evaluation. Please check vitals and dressing at this time. Also go over the discharge medications and ensure the patient has filled them and has them available.
- Visit 2: Post-op day 7. Remove silver outer dressing. The patient will have dermabond mesh over the incision. This should NOT be removed. Patient may shower with this dressing and pat dry. The incision should be covered with a dry dressing for protection at this point forward but does not need to be covered during showering.
- If patient on coumadin, please ensure the patient has requested the primary care physician to manage coumadin.
- Pain management: Please ensure patient is taking adequate medications for pain management. Oxycodone prescribed is meant for breakthrough and to be taken 1 hour prior to and then after physical therapy or home health exercise.
- Some bruising and swelling is expected after surgery. Please instruct the patient on elevation of the lower extremity while seated or lying down to prevent this.
- If the patient would like, it is appropriate to place a compressive ACE wrap or thigh high support hose on the bilateral lower extremities to prevent swelling.
- Please confirm the patient has an appointment to see Dr. Karas's office approximately 14 days post-operatively. If no appointment is scheduled please assist the patient in calling Veronica at 773.433.3123 to schedule an appointment.

PT: Evaluation & Treat X As Follows

Frequency/Duration 3 times a week for 2 weeks

Strengthening X Stretching X Modalities X Soft Tissue Mobilization X

Physical Therapy Functional Guidelines:

- Evaluate and Treat 2-3 times per week for 7 days
- After 7 days, the patient should begin outpatient physical therapy. Please ensure this appointment has been made prior to ending HHPT.
- If the patient requests home health for a second week, treat 2-3 times per week then discharge to outpatient physical therapy.
- Functional Guidelines for Physical Therapy
    - Weight bearing status: Weight bearing as Tolerated unless otherwise specified
    - Precautions:
        - Anterior hip replacements: Anterior hip precautions (No Extension or external rotation)
        - Posterior hip replacements: Posterior hip precautions (No internal rotation, no hip flexion past 90 degrees, do not cross legs.
        - Both: Sleep on operative hip with pillow in between knees or on back
    - Gait: Progression from the use of an assistive device to unassisted ambulation is encouraged immediately post-operatively. Progression is per physical therapist discretion with the primary goal of avoiding gait deviations.
- Specifics of exercise:
    - No straight leg raises during therapy. This irritates the iliopsoas muscle and applies undue stress to the articulation.
    - IT band and Rectus stretching program encouraged.
    - Active abduction of surgical hip encouraged
    - No pool therapy until 6 weeks post-operatively

In making this referral, the physician certifies that the prescribed rehabilitation is a medical necessity.