

Hip Dislocation

****DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

Phase I: 0 – 6 weeks

Goals for Phase I:

1. Normal gait
 2. Swelling and pain control
 3. Independently complies with hip precautions
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- A. Patient education: Patient instructed in hip precautions: No hip flexion past 90°, no hip internal rotation and no hip adduction
 - B. Transfer training: Work towards independence with supine to sit to stand, toilet transfers, tub transfers etc.
 - C. Gait training: Weight-bearing as tolerated with assistive gait device; progress towards independence with stair, curbs, ramps etc.
 - D. Strengthening: Begin with isometrics, supine hip abduction, heel slides, short arc quads etc., progress to PRE's and weight-bearing activities as tolerated
 - E. Modalities: Use for pain, inflammation, swelling control, and muscle re-education as needed

Phase II: 6 – 10 weeks

Goals for Phase II:

1. Good strength
 2. Functional ADL's
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- A. ROM: Continue ROM/stretching as needed
 - B. Strength: More aggressive PRE's, weights, single leg activities etc.
 - C. Balance/Proprioception: Single leg stance activities, balance beam, BAPs board etc.
 - D. Conditioning: Bike, treadmill, stairmaster.
 - E. Functional activities: Work towards normal ADL's (housework, lifting, stairs, etc.)

Phase III: 10 weeks to release

Goals for Phase III:

1. Normal strength
 2. Return to normal ADL's
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- A. Continue strengthening/conditioning/functional activities as needed