



## A Guide to Joint Replacement Patients:

**\*\* Orthopedic oncology patients who underwent Tumor Removal by Dr. Parsons or Dr. Mott are followed by the residents on the “Joints Team”**

**Joint Surgeons:** Dr. Silverton, Dr. Parsons, Dr. Mott, Dr. Weir (WBH), Dr. Banka (WBH), Dr. Davis (WBH), Dr. Bartol (rarely but PRN)

**TKA :** (All Joint Surgeons: Maintain precautions for 6-8 weeks)

- No deep squatting
- No kneeling
- No pivoting
- No lifting over 25 pounds while standing up
- WBAT (weight bearing as tolerated)

**THA:**

**Posterior Hip Dislocation Precautions**

- No hip flexion beyond 90 degrees
- No adduction beyond midline
- No internal or external rotation

**Anterior Hip Dislocation Precautions:**

- No hip extension beyond neutral
- No external rotation

**Dr. Silverton, Dr. Mott, Dr. Weir, Dr. Bartol, Dr. Banka, Dr. Davis**

- Posterior Hip Dislocations Precautions
- Maintain Precautions for *12 weeks*
- WBAT

**Dr. Parsons**

- Posterior Hip Dislocation precautions
- Anterior Hip Dislocation Precautions
- Maintain precautions for *lifetime*
- No Active Hip Abduction x 3 weeks
- PWB (50%) x 3 weeks or until MD lifts restriction

<u>Surgeon</u>	<u>Precautions</u>	<u>Time following precautions</u>	<u>WB Status</u>	<u>Additional Restrictions/Tips</u>
Silverton	Posterior	12 weeks	WBAT	N/A
Mott	Posterior	12 weeks	WBAT	N/A
Weir	Posterior	12 weeks	WBAT	N/A
Banka	Posterior	12 weeks	WBAT	N/A
Davis	Posterior	12 weeks	WBAT	N/A
Bartol	Posterior	12 weeks	WBAT	N/A
Parsons	Posterior, Anterior	Lifetime	PWB (50%) x 3 weeks	-No active hip abduction x 3 weeks -Must use belt/sheet/cane to lift operative leg in/out of bed when going into abduction -Encourage foot flat on floor -Encourage terminal knee extension/neutral hip extension