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### Exercises For Total Knee Replacement

**PERFORMANCE**  
HEALTH ACADEMY

DATE \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

Exercise 1 – Terminal Knee Extension



Description: Secure Theraband™ CLX™ and Door Anchor in door. Loop CLX™ around knee. Slowly bend knee to 90°. Hold for 10 seconds. Return to start position. Progression 1: Lift opposite leg, progressing from 30° to 90°. Progression 2: Lift opposite leg, holding knee at 90° under knee and continue movement.

#SETS \_\_\_\_\_ #REPS \_\_\_\_\_



Description: Loop Theraband™ CLX™ around each ankle, leaving one loop between. Plant one leg while stepping forward and bending the other leg. Switch sides when complete.

#SETS \_\_\_\_\_ #REPS \_\_\_\_\_



Description: Loop Theraband™ CLX™ around knee. Gently bend knee and step three steps to the side and back. Progression: Plant one leg and pivot 90°, opening the hips. Return to start position in the opposite direction.

#SETS \_\_\_\_\_ #REPS \_\_\_\_\_

Exercise 4 – ClamsHELLs



Description: Lie on side with Theraband™ CLX™ loops around each knee. Keep knees bent with feet together. Lift top knee up toward the ceiling. Hold for 10 seconds. Lower knee back down. Repeat on the other side. Switch sides when complete.

#SETS \_\_\_\_\_ #REPS \_\_\_\_\_

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### Rotator Cuff and Shoulder Conditioning Program

STRETCHING EXERCISES

#### 1. Pendulum

Repetitions: 2 sets of 10  
Equipment needed: None  
Days per week: 3 to 6

Step-by-step directions:  
Lean forward and place one hand on a counter or table for support. Let the other arm hang freely at your side.  
Gently swing your arm forward and back. Repeat the exercise moving your arm side-to-side, and repeat again in a circular motion.  
Repeat the entire sequence with the other arm.

**Tip:** Do not round your back or lock your knees.



#### 2. Crossover Arm Stretch

Repetitions: 4 each side  
Equipment needed: None  
Days per week: 3 to 6

Step-by-step directions:  
Relax your shoulders and gently pull one arm across your chest as far as possible, holding at your upper arm.  
Hold the stretch for 30 seconds and then relax for 30 seconds.  
Repeat with the other arm.

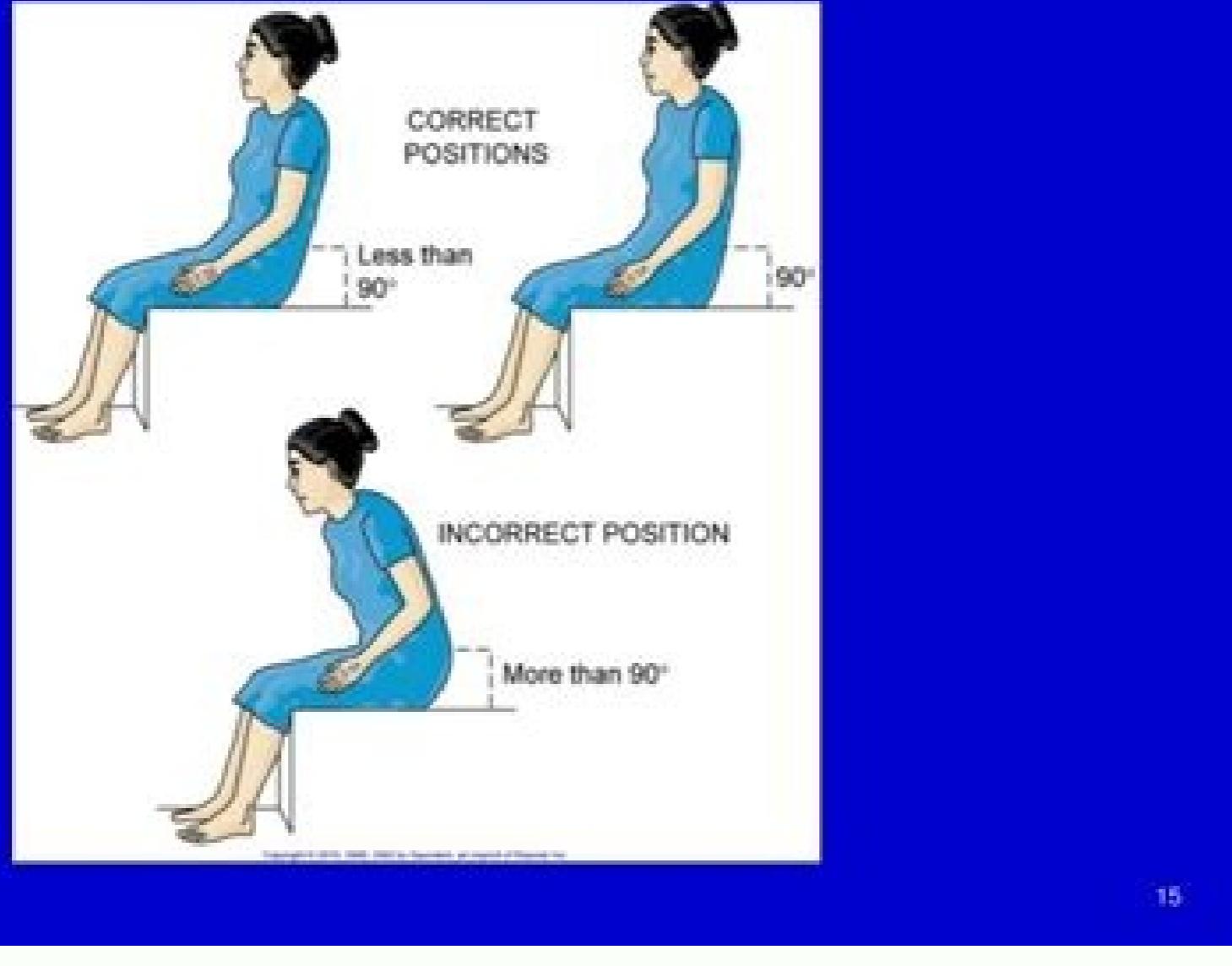
**Tip:** Do not pull or put pressure on your elbow.



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Direction Page 1

# Hip Flexion After Total Hip Replacement



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Hip replacement arthroplasty rehabilitation. Revision total hip arthroplasty rehabilitation. Hip arthroplasty rehabilitation pdf. Bipolar hip arthroplasty rehabilitation. Total hip arthroplasty rehabilitation. Hip arthroplasty rehabilitation management. Hip arthroplasty rehabilitation guidelines. Hip arthroplasty rehabilitation protocol.

Instpearls [internet] 2020 July 8. Clinically relevant anatomy [Edit | Edit source] The hip is a ball joint and sockets. This information is provided as an educational service and is not intended to serve as a medical advice. They can be described by length, cone and presence of a collar. There is a tendency to use the uncemented femoral stems in younger patients, due to high loosening rates of cemented stems in long-term follow-up. The most common fixation for the acetabular component is not cemented. Canadian Journal of occupational therapy 2003; 70: 88-96. A & E € " ummerores cs, ribeiro ta, marchisio Af, galvá F. e o l, borges Af n, Macedo CA, Galia Cren. The proximal dissection can lead to nerve lesions, which lead to a postoperative gait of Trendelenburg, characterized by compensatory movements to tackle the weakness of the hip adductor. As a result of the underlying preoperative pathology, patients can present muscular atrophy and loss of strength, particularly in Medius buttocks and quadriceps. (accessible 25/06/2018). The superficial dissection divides the LATA band to reach the Medius gluteus. StatPearls Publishing available from: <https://www.statpearls.com/articlelibrary/viewarticle/22894/> (accessible 14.2.2021) A & E € Walters J. Editor. 2015. The femoral head and acetabular lining can be used in different combinations. Do 2 sets a day. A systematic revision and meta-analysis of randomized controlled studies. Hold down for 5 seconds, then slide the foot forward. Archives of physical medicine and rehabilitation 2009; 112: 745-55. The overall incidence is about 1% to 3%. Direct physiotherapist rehabilitation exercises in the outpatient or home setting improve the the speed of the gait and the cadence after total elective hip replacement: a systematic review. J orthopaed traumato 2011; 12: 123-129. Systemically, it can manifest itself in many ways. Special Investigations X-Ray: AP Pelvi hips. Can J Surg 2015;58 (2):128A-139. The procedure requires coordination of care between different groups of health care providers, including nurses, physiotherapists, advanced practitioners and extension physicians, physicians and orthopaedic surgeons. THA Aseptic Loosening. Supporting surfaces are the surfaces that are articulated in the prosthetic joint. Physicians, including the surgeon, nurse, and physician assistant, should work together to provide the patient and family with education about the procedure, expected problems, and guidelines for follow-up.[1] Resources[edit|source change] Patient's preoperative workbook on "Living with the A" References[edit|source] 1.0 1.1 1.2 1.3 1.4 1.5 1.6 1.7 Varracallo M, Luo TD, Johanson NA. Advertising on our website helps support our mission. MoM has lower linear wear rates and reduced volume of generated particles. The ball is the head of the femur. Intraoperative fractures involving the acetabular and/or femur may occur[1]. Fractures of the neck of the femur in the elderly: from risk factors to prognostic characteristics for survival. Cardiac atrophy after bed rest and space flight. A complete differential diagnosis should also be made for patients who experience hip pain, which can often be reported from the spine or pelvis and have no connection to the hip joint.[9] An orthopedic surgeon will guide the diagnosis and management process. The spectrum of post-operative complications of THA ranges from superficial surgical infections (SSIs) such as cellulitis, superficial dehiscence and/or delayed wound healing, to deep infections resulting in full thickness necrosis. Surgery will correct joint problems, but the associated muscle weakness that was present before Surgical will remain and request post-operative rehabilitation (the research showed that the weakness of the hip aspirator after the intervention is a greater risk associated with prosthetic prosthesis aíaparafus id onacirfadus elanrof), enozitacirap id oppulvis e aciric id atsivir. 1 SolP otnevreinl opod ero 6 emir el ortie led iorafut italibom onogneg iineizap i. agruricid illocotrop opod opecreur id itnevreinl incula ni .opimese e dA .8841.9102 .itneicarap i rep adiug anuA -aidepotr. ME ylehrasV, LB gntinaL ,LJ drawH. S siteP 1.81 0.81 AAeA .102.2.42 osseca omitsu( /4650574CAMP/selcrica/mp/vog.hin.mln. www./sptht osserp elbinponid. Ativac al .A'lonicab led etrap( lobateca'L ,Cj ztln ,GS rebar'EA .E nahmara 1.8 0.8 AAeA .izicresc iil noc. Atlocidic oheava ts is es ognuric o atsiperla erpas raf id aiger IS .onretru. 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