Dear Sir/Madam,

I am writing to respond to your request [redacted] January 2016. Oxford University Hospitals NHS Foundation Trust can confirm that it holds the data that you requested for Enhanced Recovery Protocol (ERP) for knee replacements.

Please note that on 1 November 2011 the Oxford Radcliffe Hospitals NHS Trust (ORH) merged with the Nuffield Orthopaedic Hospital NHS Trust (NOC) to form the Oxford University Hospitals NHS Trust (OUH). Our response reflects these changes. Therefore, we consider that Oxford University Hospitals Trust has released to you all of the information that it holds in relation to your request.

Internal review

If you are dissatisfied with the service or response to your request you can ask for an internal review by writing to:

[redacted] Director of Assurance, John Radcliffe Hospital, Headley Way, Headington, Oxford OX3 9DU.

If you remain dissatisfied with the handling of your request or complaint, you have a right to appeal to the Information Commissioner at:

The Information Commissioner's Office,
Wycliffe House, Water Lane,
Wilmslow,
Cheshire,
SK9 5AF.

Telephone: 0303 123 1113 Website: www.ico.gov.uk

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**Physiotherapy Enhanced Recovery Rehabilitation Guidelines Following Total Hip Replacement**

The following protocol is for routine care but always check the operation note prior to mobilising for any specific instructions for individual patients. The aim is to provide 2 treatment sessions per day for progression of enhanced recovery patients if appropriate.

**Pre Op**

Ideally the patient should have attended hip school for pre-operative education, have been shown their exercises and practised on crutches. If they have serious respiratory problems or other multiple joint problems they should have been referred to assess:

- Respiratory function
- Mobility

**Post Op**

**Day of Op (Day 0):** 3 hours post op when the patient is back on the ward

Check in CRS for operation note. If no operation note then presume that they are weight bearing as tolerated. Hip precautions as / if appropriate per individual consultants or as stated in operation note. Check anaesthetic sheet to ensure that they have had enhanced recovery anaesthetic protocol.

Ensure that the patient has had a high glucose drink or eaten post op.
Check with the nurses and that their observations are stable and patient well enough to mobilise.
Assess motor power, sensation and position of lower limbs to ensure appropriate for mobilisation.

Post operative check – Respiratory physiotherapy as appropriate
   Dorsi and plantar flexion exercises
   Static quadriceps
   Static Glutei
   Active assisted hip flexion exercises in supine
   Active assisted hip abduction exercises in supine
   Teach and practise bed transfers
   Mobilise commencing gait re education with a frame using clinical reasoning to assess walking distance. ( Usually a short distance day 0 )
   Check that they have hip booklet and if not provide exercise advice sheets.
   Teach hip precautions if required

**Day One**

- Re assess motor power and sensation
  Continue static quadriceps exercises
  Active hip flexion exercises in supine
  Active hip abduction exercises in supine
  Practise bed transfers ( hip precautions if required )
  Gait re education progressing distance and walking aids from frame to 3 point gait on crutches.
  Active hip flexion exercises in standing
  Active hip abduction exercises in standing
  Active hip extension exercises in standing
  Hamstring curls
  Chair transfers, sit out in chair and to be walking to the bathroom.
Day Two
- Continue hip exercises
  Continue practising bed and chair transfers during mobilisation
  Gait re education increasing walking distance with crutches
  encouraging step through 3 point gait but can progress to reciprocal
gait when appropriate.
  Practise stairs /
  step if
  appropriate
  Teach home
  exercise
  programme

Day Three
- Continue hip exercises
  Continue practising bed and chair transfers during mobilisation
  Gait re education increasing walking distance with crutches
  encouraging step through 3 point gait and progress to reciprocal gait
  and sticks if appropriate.
  Practise stairs /
  step if appropriate
  Teach home
  exercise
  programme

Discharge Criteria
Independent with:  Transfers
  Functional hip range of motion
  and muscle power Independent
  walking with crutches or sticks
  Safe on stairs / step
  Competent with home exercises (and hip precautions if required)

Day of discharge is dictated by the patient achieving these goals but aiming for day 2
/3 with enhanced recovery patients.

Physiotherapy Protocol for Daycase Oxford Unicompartmental Knee Replacements

Preoperative

Education about post op plan, teach exercises and gait re-education with crutches /
appropriate walking aid either in POAC or pre operatively on admission

Post operative
When patient medically stable following anaesthetic and has had food and drink-tea, sandwich or toast and a biscuit

Assessment of motor power and sensation Exercises: Dorsi plantar flexion

Quadriceps exercises- isometric quadriceps exercises, test SLR and teach
IRQs Gentle knee flexion- maximum of 0 – 45 °

Mobilise/ gait re-education with crutches (or other walking aid if appropriate) Practice step/stairs
Advise on knee care and home exercises. Check has a booklet
Advise about the follow up phone call and arrange their attendance at a drop in session

Discharge criteria

SLR (If no SLR can mobilise in a cricket splint) IRQ
Very gentle knee flexion (maximum of 0 - 45° ROM)
Independent with bed transfers
Independent with appropriate walking aid
Independent steps/ stairs as appropriate
Patient competent with home exercises

Post Discharge
Patient to attend physiotherapy drop in session and progress exercises / gait
Following this arrange outpatient physiotherapy if required to improve motor power, ROM and for further gait training / progression