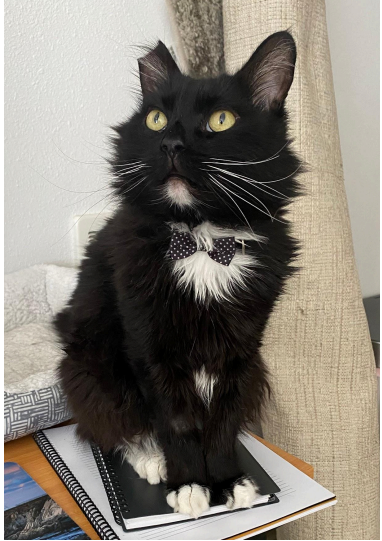


Total Hip Replacement for Equestrians



**3271 S. Higuera St.
San Luis Obispo, California, U.S.A.
93401**



Meet The Team

Suzanne Kritz, PT, DPT

Founder & Lead Doctor of Physical Therapy

Dr. Suzanne (She/Her) graduated with her Doctorate in Physical Therapy from Clarkson University after attending Cal Poly San Luis Obispo for her undergraduate degree. Originally from the North Coast of California, Suzanne has lived and worked in many locations, but is happy to call San Luis Obispo home once again.

She has a passion for physical therapy and has pursued post graduate coursework through The American Physical Therapy Association (APTA) Academy of Pelvic Health obtaining her level 1 & 2 specialty training.

Dr. Suzanne loves to blend her knowledge of orthopedics with pelvic health and equestrian biomechanics to get her patients back to doing what they love, pain and leakage-free!

Disclaimers

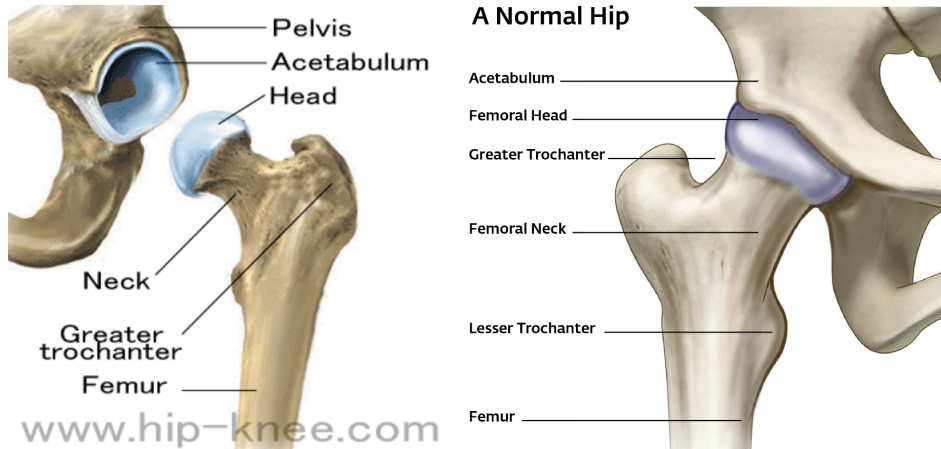
I do not claim ownership of the photos

I am not an orthopedic surgeon

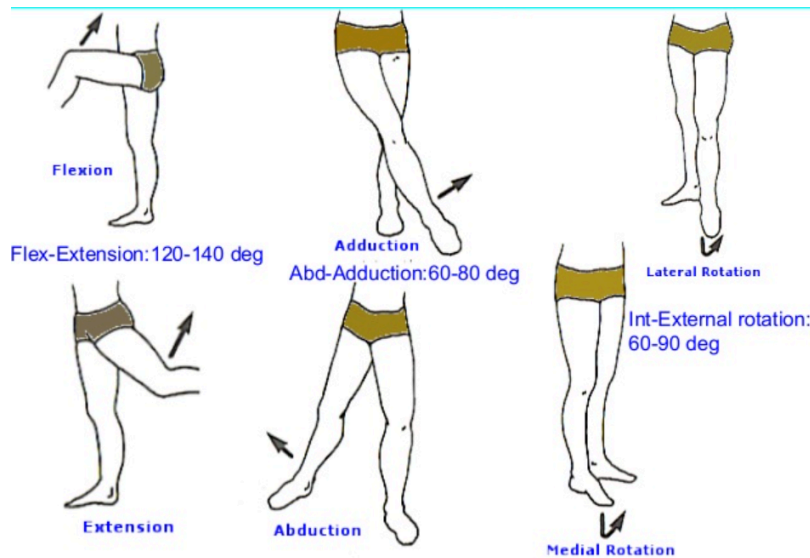
This presentation does not replace your appointment with local practitioners

Part 1: Intro to the Hip

- What is the hip?



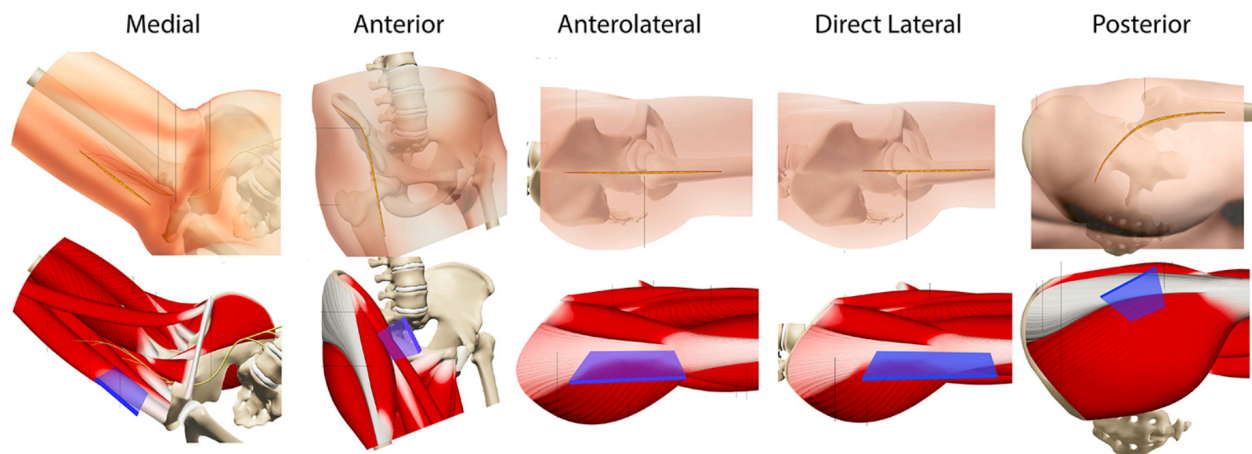
- Range of motion of the hip
 - flexion/extension
 - adduction/ abduction
 - Internal rotation/external rotation



- Do I need a hip replacement? How do I know? - The relationship between function, imaging and symptoms
- Common issues Equestrians face

Part 2: I'm thinking **STRONGLY** about getting a THR - Considerations from a Physical Therapist's Perspective

- What to look for in a surgeon
 - Results from previous patients
 - Where hospitals do they operate out of
 - Sometimes they don't have bedside manner, but look past that if they do good work
- Total hip replacement approaches (myths debunked!)
 - Anterior
 - Lateral
 - Posterior



Part 3: I committed to surgery, but I have questions - from a physical therapist's perspective

- What is prehabilitation?
 - Even before surgery, it is good to start working on range of motion and strengthening
 - What does that mean?
- What is it going to be like?
 - Individualized but may need to be cleared by a cardiologist or PCP if you have comorbidities
- Preparation recommendations
 - Clear all throw rugs
 - Choose a bed that is easy to get into for the first few nights

- Designate someone who can help you for the first few days
 - They are less likely needed for physical assistance but more for helping carry or grab things for you
- Equipment
 - Cane?
 - adjustable
 - Walker?
 - Many types: dependent on where you are but in my years of working with patients, I always send post op hips home with a front wheel walker



- Avoid 4 wheel walkers
- Do's and don't day of surgery
 - DO
 - Bring loose fitting clothes
 - Bring slip on sneakers or something with a good sole
 - Bring medications/glasses/book/phone with long charger cord
 - If you are staying and not being discharged same day of surgery, if there is something you like in your routine
 - DON'T
 - Attempt to eat in the AM, your surgery WILL be canceled as it is dangerous
 - Bring flip flops or slides, they are a fall waiting to happen
 - PANIC → your team will take great care of you, try to stay calm! This is exciting to finally start your journey towards healing

Part 4: First few weeks post op

- Safety considerations
 - Medications
 - Pets
 - Hip precautions
- Symptom management
 - Gentle range of motion

- Can use ice (in a pillow case) as needed
- Rehab goals for equestrian athletes
 - Advocate for physical therapy, even if your surgeon says you don't need it, they don't know what our bodies need
 - If they don't order it ask for your primary
 - Direct access in the US in some states
 - Regaining ROM and normal gait pattern are the most important
 - Early Exercises:
 - Supine single knee to chest
 - Sit to stands
 - single leg balance
 - Mini marching **
 - squats **
 - Transverse abdominis progression
 - Hamstring stretch
 - Gradual hip flexion strengthening progression **
- When can I do XYZ

Part 5: It has been 3-12 months...

- Considerations for next steps
 - Neuroplasticity
 - New safe movement
 - Building exercise tolerance
- I had PT, was it enough?
 - Traditional PT sometimes is not enough for
- I DID NOT get PT! I still have issues.. what do I do
 - If in US, there is direct access
 - Later exercises
 - Reverse clamshells
 - Seated figure 4 stretch
 - Continue transverse abdominis progression
 - Trunk dissociation
 - kettlebell leg deadlifts
 - Copenhagen
 - Walking/hiking on inclines/declines

Part 6: Q & A