

Hip Surface Replacement Protocol

If the patient's T-score > -1.5, follow normal protocol.

If the patient's T-score < -1.5, follow the protocol detailed below:

- Placement of protective femoral neck screw
- Crutches post op for 6 weeks
- Cane thereafter for 4 weeks
- Avoid normal stair climbing until off cane
- Fosamax once weekly for one year post op

Diet

- Calcium 2000mg daily
- Better sources are from food not pills
- Better taken in divided doses
- Healthy well rounded diet (South Beach)
- Vitamin D 1000 IU daily
- Vitamin K (multivitamin tablet for recommended daily allowance)

Long Term Activity

Remember bone gets stronger with impact activities. Early after surgery too much impact can cause a fracture. What is the right amount? Nobody knows for sure. But my recommendation is:

- Gradually increase walking after 2.5 months
- At 6 months gradually begin increasing impact activities such as step aerobics or light jogging with good running shoes
- At one year post op resume full sports

Re-evaluation of Bone Density

After surgery, we can no longer get a meaningful DEXA scan on our operative hip due to the metal, therefore your bone density can be followed only on your other hip and lumbar spine.

If you are osteopenic (T score < -1.5) before surgery we recommend the following protocol to follow your bone density:

- At one year a repeat DEXA scan of your opposite hip and lumbar spine should be done and compared to your preop scores. If you have this done prior to your 1 year visit, please bring the result with you, I will review with you.
- Remember, if you scan the operative hip, the result will be falsely elevated due to the metal in the prosthesis.

Long Term Treatment

If bone density does not improve after one year, you probably need additional treatment with one of the following:

- Hormone: estrogen or testosterone
- Bisphosphonates: Fosamax, Actonel, or Boniva
- Calcitonin: Calcimar, Miacalcin, Caltine
- Parathyroid hormone: Forteo

Your medical doctor needs to provide advice and treatment at this point. If you are a local patient, Dr. Armsey in our practice would be happy to see you and treat you.

If you are an out of state patient and your medical doctor is not well versed in osteoporosis treatment, I would recommend consulting with an endocrinologist.