Mobility Options after Permanent Removal of Hip Arthroplasty Hardware Due to Chronic Dislocation with Development of Hip and Knee Flexion Contractures

A Case Report

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Case Study

- **Setting:** Inpatient Rehabilitation Hospital
- **Patient:** 77 year old Caucasian male with chronic dislocation of hip hemiarthroplasty status post hardware removal after the development of severe hip and knee flexion contractures
76 year old male who sustained a left femoral neck fracture after a fall from standing.
After the hemiarthroplasty, the patient was transferred to rehabilitation.

4 months into his rehab course, patient developed severe pain in the hip and knee, with progressively decreased ROM.

X-ray showed superior lateral and posterior subluxation of the left hip joint.
X-Ray of Chronic Dislocation
Contractures

- Hip Adduction 30 degrees
- Hip Flexion 96 degrees
- Knee Flexion 120 degrees
Patient’s Hip Before Operation
Patient’s Hip Before Operation
Neurological etiology for the contractures was excluded.

Patient decided to undergo removal of hemiarthroplasty hardware because of intractable pain.
Post Implant Removal X-ray
Treatment

- Traction Bed-Hamilton-Russell technique for proximal femoral traction
  - Hip flexion from 96 to 30 degrees
  - Hip adduction from 30 to 0 degrees
  - Knee flexion from 120 to 80 degrees
Goals of Case Report

- To follow the patient’s functional progression through physical therapy
- To learn the mobility options/outcomes for patients who are bed bound due to development of severe contractures related to chronic dislocation of hip arthroplasty status post hardware removal
Functional outcomes of resection arthroplasty are currently considered poor.

