



TOTAL HIP ARTHROPLASTY- ANTERIOR APPROACH POST-SURGICAL REHABILITATION PROTOCOL

Phase I: Postsurgical Recovery/Protection Phase : 0 – 7 days

- Hospital stay for 1 night then discharged to home

Goals:

- Verbalize and demonstrate good understanding of hip protocol and home exercise program
- Perform bed mobility and transfers with least amount of assistance and devices
- Ambulate household distances (100-300 feet) with least amount of assistance and devices
- Control pain, edema, and inflammation

Education/Precautions:

- Avoid extreme motions
- Weight bearing as tolerated with no restrictions, unless otherwise instructed
- Watch for warning signs of a DVT: increased swelling, erythema, fever, and calf pain
- Do not pivot on operated leg.

Exercises:

- Pain control / Cryotherapy
- Ankle Pumps Supine
- Core, gluteal, and quadriceps isometrics
- Heel Slides
- Short Arc Quads
- Weight Shifting
- Gait Training on flat surfaces using assistive device
- Practice stairs prior to discharge
- Transfer Training

Phase II: Early Tissue Healing/Transition Phase: 1-2 weeks

- Early Outpatient Physical Therapy

Goals:

- Control Edema/Inflammation
- Scar Reduction
- Progress gait training and assistive device use
- Functional training to promote independence of ADL's and mobility

Education/Precautions:

- Avoid extreme motions
- WBAT with assistive device as needed to minimize compensatory gait
- Monitor wound healing

- Do not drive until cleared by physician (usually 4 weeks) and off all pain medication
- Wear TED hose for 2-4 weeks

Exercises:

- Pain control/Cryotherapy
- Continue exercises from phase I
- Straight Leg Raises
- Clamshells
- Long Arc Quads
- Calf Raises
- Hamstring Curls
- Terminal Knee Extensions
- Standing Marching
- Progressive hip abductor strength
- Standing 4 way hip (add theraband resistance as tolerated)
- Mini Squats at countertop
- Step Ups (Forward, Retro, and Lateral)
- PROM, AAROM, and AROM within tolerance

Phase III: Late Tissue Healing/Maturation Phase: 2-12 weeks

- Outpatient Physical Therapy

Goals:

- Minimal pain and inflammation
- Minimal scar tissue
- Improve functional strength, endurance, and balance
- Independent community ambulation distances without the use of an assistive device or antalgic gait pattern
- Return to normal/independent activity/lifestyle

Precautions:

- Avoid extreme motions
- No heavy impact activities

Exercises:

- Cardiovascular exercise: Bike, Walking, Elliptical, and/or Aquatic Exercise
- Continue with previous exercises in phase II
- Wall Sits
- Sit to Stands (without upper extremity assistance)
- Side Stepping with theraband resistance
- Balance: Single Leg Stance
- Stretches: Single Knee to Chest, Hamstring, quadriceps, hip flexors, and IT Band

Phase IV: Return to Activity Phase: 12-16 weeks

- Independent maintenance of Home Exercise Program
 - To be completed daily

Goals:

- Increased, pain-free functional activity
- Discontinue supervised physical therapy
- Encourage return to non-impact recreational activities
- Non-antalgic gait
- Independent home exercise program

Exercises:

- Continue with home exercise program provided by physical therapist independently
- Sports/Activities RECOMMENDED:
 - Swimming
 - Bowling
 - Golfing
 - Tennis Doubles
 - Snow Skiing
 - Bicycling
- Sports/Activities NOT recommended:
 - Jogging, Running, Jumping
 - Basketball, Football, Baseball, Soccer, Volleyball
 - Waterskiing