

The intent of this protocol is to provide the clinician with a guideline for the post-operative rehabilitation course of a patient that has undergone a total hip arthroplasty. It is by no means a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

GENERAL GUIDELINES:

- Focus on protection of surgical site.
- Individualized gradual progression of therapy to promote optimal level of functional independence
- Supervised physical therapy takes place for 3-6 months.

GENERAL PROGRESSION OF ACTIVITIES OF DAILY LIVING (ADLs)

- No bathing/showering (sponge bath only) until after suture removal.
- Sleep on back using abduction pillow until surgical site heals
- Driving: Return within 12 weeks of surgery, average around 4 weeks
- Weight-bearing as tolerated immediately post-op if no complications
- Wean from walker/rollator/cane or return to prior level of function for ambulation as treatment progresses
- Return to normal daily activities/work as directed by PT/MD based on demands and goals.

Rehabilitation Progression**PHASE I: Week 0 - 6:****Goals:**

- Protection of surgical site
- Improving safety with mobilization and transfers
- Decrease pain and inflammation
- Restore hip range of motion within precautions
- Prevent muscle atrophy
- Muscle re-education and motor control of post-op leg
- Educate patient on weight bearing status and hip precautions
- Normalize gait, gradual ween off of assistive device
- Gradual progression of exercises to improve strength
- Initiate home exercise program of aerobic and light resistance training

Precautions:

- No active range of motion (AROM)/Passive range of motion (PROM) hip flexion past 90 degrees
- No AROM/PROM hip internal rotation
- No AROM/PROM adduction past midline

- Avoid prolonged sitting
- Use abduction wedge when sleeping
- Transfer towards non-surgical side

Weight Bearing Status:

- Weight bearing as tolerated (WBAT) with walker or cane

Exercises:

- Gait training
- Low level static and dynamic balance exercises
- Ankle pumps
- Heel slides
- Straight leg raise
- Short arc quads
- Long arc quads
- Glute sets
- Bridges
- Weight shifts
- Mini-squats, up to 90 degrees hip flexion
- Forward, retro and lateral step downs
- Heel and toe raises
- Progressive hip abduction strength
- Core stabilization progression

Criteria to advance:

- No signs of infection
- No evidence of dislocation
- Demonstrate activation of surrounding hip muscles
- Tolerable pain if any with exercises

PHASE II: Weeks 6-9:**Goals:**

- Protect surgical site
- Normal gait with no assistive device or prior assistive device
- Promote return of full hip range of motion
- Single leg balance with proper hip control
- Continue progressive home exercise program
- Restore functional hip strength



Precautions:

- Avoid high impact activities
- Hip range of motion precautions discontinued

Weight Bearing Status:

- Weight bearing as tolerated (WBAT)

Exercises:

- Continue prior exercises as needed with increased range of motion and intensity
- Progress static and dynamic balance activities

Phase III: Week 9 to 12):

Goals:

- Symmetrical hip ROM
- Able to tolerate 20 minute walk
- Up/down stairs without railing
- Hip strength at functional level
- Adequate range of motion for ADL's, gait and recreational activities
- Able to resume normal lifestyle without limitations in pain or weakness
- Progress home exercise program

Exercises:

- Progression of prior phase
- Advanced static and dynamic balance activities
- Include individualized recreational/ADL/work specific exercises

Phase IV: 3 to 6 Months:

Goals:

- Resume normal lifestyle of work, ADL's and recreation
- Patient independent with home exercise program for continued improvements of strength, balance and cardiovascular exercise
- Maintain cardiovascular stamina and hip strength
- Maintain balance to prevent falls and/or hip fractures

Exercises:

- Progression of previous phase
- Higher level recreation/ADL/work specific exercises