



# Total Hip Replacement

## General Principles:

This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

The following routine **Total Hip Precautions** should be observed at all times for the first 6 weeks post-op:

### Posterior Approach

1. No adduction past the midline
2. No flexion past 100 degrees
3. No internal rotation past 10 degrees

### Anterior Approach

1. No adduction past the midline
2. No hip extension past neutral
3. No external rotation or external rotation with abduction

## PHASE I: (Immediate)

### Week 1

#### Orthotics-

1. Adduction pillow when sleeping per physician direction
2. TED hose at all times per physician direction

#### Weight Bearing-

1. May progress weight bearing as tolerated with walker or crutches

#### Modalities (PRN)-

1. Ice, compression, and elevation as needed
2. Electrical stimulation for pain or muscle re-education
3. Ice for 20 minutes following exercises throughout the protocol
4. Moist heat and/or Pulsed Ultrasound after 48 hours

#### ROM-

1. Total Hip Precautions at all times based on surgical approach

#### Exercises-

1. Quad Sets / Hamstring Sets / Gluteal Sets
2. Heel Slides
3. Ankle Pumps
4. Lower extremity stretching within ROM limitations
5. Supine Hip Abduction
6. Standing Straight Leg Raises
  - a. Hip flexion and Abduction only
  - b. NO resistance
  - c. Standing position ONLY
7. Short-arc Quads / Short-arc Hamstrings
  - a. NO resistance



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## PHASE II (Intermediate)

### Week 2 - 3

#### Orthotics-

1. Adduction pillow when sleeping per physician direction
2. TED hose at all times per physician direction

#### Weight Bearing-

1. Progress to full weight bearing as tolerated
2. May discontinue cane, crutches, walker as appropriate with proper gait

#### Modalities (PRN)-

1. Continue Phase I modalities as needed

#### ROM-

1. Total Hip Precautions at all times based on surgical approach

#### Exercises-

1. Continue Phase I exercises
2. May progress to resistance on Short-arc quads, Short-arc Hamstrings, Straight leg raises
  - a. Progress as tolerated
  - b. Progress to long-arc quads / hams
3. Stationary Bicycle, Nu-Step
  - a. Progress duration and resistance as tolerated
4. Shuttle / Leg Press
  - a. Bilateral, progress to Unilateral
  - b. Progress resistance
5. Closed Chain Exercises
  - a. Mini-Squats, Step Ups, Lunges, etc
6. Standing balance / Proprioception activities / Weight shifts as weight bearing allows
  - a. Progress challenge as tolerated
7. Aquatics
  - a. Refer to Aquatic Protocol
  - b. May be initiated after wound is fully healed and surgical staples are removed

## PHASE III (Strengthening)

### Week 4 – 6

#### Orthotics-

1. May discontinue Adduction pillow
2. May discontinue TED hose

#### Weight Bearing-

1. Should be full weight bearing with normal gait
2. May discontinue cane/walker as appropriate with proper gait

#### Modalities (PRN)-



# Total Hip Replacement

1. Continue only as needed

## ROM-

1. Total Hip Precautions at all times based on surgical approach

## Exercises-

1. Continue Phase II exercises
2. Elliptical Runner
3. Isometric Hip Internal rotation / External rotation strengthening within precautions
4. Referral to Balance Master Evaluation if difficulty with balance is noted by clinician

## **Week 7+**

### Exercises-

1. Progress to standing, closed-chain hip rotation exercises
2. Consider dismissal from formal rehabilitation when strength and functional goals have been met, per MD approval.