Total Hip Replacement Rehabilitation Protocol

**OUTPATIENT PHYSICAL THERAPY---PHASE I**
(Weeks 1-6 post-op)

Patient is evaluated weekly in outpatient PT unless deemed otherwise, or in inpatient setting

Evaluate and Document:
- Gait (correct any abnormal gait patterns noted)
- Hip ROM (stay within the precaution limits)
- Hip Strength
- Patient Exercise Demonstration (correct if improper form)
- Exercise and Precaution Compliance
- Screen for DVT

REMEMBER: Maintain all precautions and weight-bearing status until cleared by the surgeon at the 6 or 8-week follow up appointment.

**DIRECT ANTERIOR PRECAUTIONS**
- Hip flexion only to 90 degrees
- Avoid the "fencing" position, or extreme hip extension with external rotation
- No adduction pillow
- Adduction to neutral
- WBAT

**ANTERIORLATERAL (HARDINGE) PRECAUTIONS**
- Hip flexion only to 90 degrees
- No hip external rotation (keep toes pointed up)
- Adduction only to neutral (don’t cross legs)
- Use hip abduction pillow except while standing or walking
- WBAT with contralateral cane or FFWB depending on quality of abductor repair

**POSTERIOR PRECAUTIONS**
- Hip flexion only to 70 degrees
- Avoid hip internal rotation (keep toes pointed up)
- Adduction only to neutral (don’t cross legs)
- Use hip abduction pillow except while standing or walking

**PHASE I OUTPATIENT EXERCISES**

- Heel slides (flex) maintaining hip motion precautions
- Supine hip abduction for ROM
- SAQ if no increase in PFJ pain
- Assisted SLR
- Side-lying hip abduction using pillow---ensure proper form (don’t roll hip back)
- Bridging
- Standing hip flexion in parallel bars---ensure proper form
- Standing hip abduction---ensure proper form

**OUTPATIENT PHYSICAL THERAPY---Phase II**

(6 weeks post-op and beyond)

If FFWB, may progress to full weight-bearing ambulation with cane (unless otherwise specified by surgeon, may extend to 8 weeks). Cane in contralateral hand.

Outpatient PT 2-3x/week for evaluation and rehabilitation

**Evaluate and Document:**
- Gait (correct any abnormal gait patterns noted)
- Hip ROM (stay within the precaution limits)
- Hip Strength …especially hip abduction
- Static and dynamic balance
- Initiate home walking program
- Evaluate leg length but NO correction until a minimum of 4 months post-op

**PHASE II OUTPATIENT EXERCISES**

- Gait training
- Stationery bicycle
- Stairmaster or Elliptical when tolerated
- Groin stretch
- Hip ROM
- Wall sits for time (start with at least 20-30 seconds and progress to a goal of 3 minutes)
- Step-downs: slowly lower eccentrically from the step (forward and lateral)
- Hip strengthening: especially hip ABD and ER
- Leg Presses (start with Total Gym)
- Mini-squats
- Well leg tubing
- Cone/obstacle walking for balance and proprioception as tolerated. Progress to more challenging balance activities, such as Plyoback ball toss in single stance
- Gluteus medius strengthening … hip hikes
- Pool therapy
- Sports/activity specific skill training as tolerated
- One time instruction in Gym Program when ready to discharge to home/gym program (approximately 10-12 weeks post-op)

**DISCHARGE CRITERIA:**

- At least 4/5 hip strength (esp. hip abduction in AL and P, flexion in DA)
- Normal gait
- Functional hip ROM

**LIFETIME PRECAUTIONS:**

Avoid extreme internal and external rotation, and combinations of flexion greater than 90 degrees with IR/ER or hip adduction. These can relaxed somewhat with the direct anterior approach.

The most recent evidence does not recommend suppressive/prophylactic antibiotics for routine dental procedures, but always ask you surgeon prior to a scheduled procedure to inquire about specific precautions.