

# PHYSICAL THERAPY PROTOCOL

## TOTAL HIP ARTHROPLASTY

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This is a comprehensive protocol for rehabilitation. Progression through each phase should be individualized and take into consideration patient status and physician advisement. Remember the response and needs of each patient will vary. The following are principles and not necessarily applicable in all cases. Please consult with the office if there are any questions 773-250-0480.

### PRECAUTIONS: (posterolateral approach)

- ◆ No adduction! (operative extremity must not cross midline, sleep with a pillow between legs)
- ◆ No flexion past 90° (i.e. bending over, tying shoes, getting up from a low chair)
- ◆ No internal rotation (do not turn feet inward), avoid twisting at the waist

Adhere to these precautions for 6 weeks.

### WEIGHTBEARING STATUS:

- ◆ Cementless: Full weight-bearing. Can progress AD when minimal trendelenberg present.

### THERAPEUTIC GUIDELINES:

- ◆ Passive range of motion (ROM) allowed immediately post-operatively following precautions
- ◆ Patient to keep leg in a neutral position (when sitting or supine, foot facing towards ceiling, not rotating out to the side) for the first 6 weeks
- ◆ Active hip abduction allowed immediately
- ◆ Prone lying exercises allowed using pillow between legs to roll when patient fully ambulatory with any assistive device (emphasized post-operatively to prevent hip flexion contracture)
- ◆ Control contraction rate
- ◆ Avoid maximal isokinetic or isometric contractions and fast velocity exercises
- ◆ Progress AD (assistive device) as needed (walker/crutches→cane →no AD) as long as patient maintains a good walking pattern – minimal antalgic or trendelenberg gait deviation

### INITIAL PHASE: (weeks 1 & 2)

#### Goals:

- 1). Independent transfers, ambulation and activities of daily living (ADLs) with assistive device
- 2). Teach pain management, edema control and home exercise program (HEP)
- 3). Hip active/passive (A/P) ROM increase 5-10°
- 4). Enhance muscular strength

**Program:**

- ✓ Post-operative day 1: physical therapy (PT) twice a day in hospital to begin transfer/gait training, teach ADLs/exercise, review hip precautions
- ✓ Length of hospital stay: 1-3 days
- ✓ Begin strengthening
- ✓ Prone exercises if capable
- ✓ P/AA/A hip & knee ROM
- ✓ Bridging program
- ✓ Core strengthening
- ✓ Home exercise program
- ✓ Ice area as needed for swelling – 20 minutes on / 20 minutes off

**INTERMEDIATE PHASE: (weeks 3-6)**

**Goals:**

- 1). Hip ROM Flexion 90°, abduction 30°
- 2). Independent ambulation with appropriate assistive device
- 3). Enhance strength/endurance

**Program: (weeks 3 & 4)**

- ✓ Continue initial phase
- ✓ Balance/proprioceptive exercises
- ✓ Extension and abduction PREs emphasis
- ✓ Staples out at week 3, begin scar mobilization when wound healed
- ✓ Stationary bike and/or treadmill initiated
- ✓ Aquatherapy may be considered when wound healed and medically stable
- ✓ Discharge ted-hose at 4 weeks or whenever Coumadin is stopped

**Program: (weeks 5 & 6)**

- ✓ Continue previous program
- ✓ Progressive strengthening (concentric/eccentric control and open/closed chain)
- ✓ Evaluate length of ITB and address if necessary
- ✓ Use heat modality if needed

\*\*\***Progression into an outpatient physical therapy** setting should be initiated as early in rehab as tolerable when appropriate, at least at week 3. Contact the office if a new prescription is needed

**ADVANCED PHASE: (weeks 7-12)**

**Goals:**

- 1). Functional muscle strength, ROM, and endurance
- 2). Return to normal activity/lifestyle
- 3). Progressive, independent HEP for one year post-operatively

**Program:**

- ✓ Continue previous phase
- ✓ Progress strengthening/endurance to functional level
- ✓ Progress ambulation to functional level with/without appropriate device
- ✓ Neuromotor control activities
- ✓ Perturbation activities
- ✓ Home program of strengthening and endurance, urge patients to become more physically active
- ✓ Advanced activities allowed if strength and safety not a concern
- ✓ Sport specific rehab if appropriate

- ❖ Sexual activity may be resumed when comfortable for both partners with continued adherence to “hip precautions”
- ❖ Driving approved at 6 weeks post-operatively for right surgical side if good leg control without narcotic use, 3 weeks post-operatively for left surgical side and no narcotic use
- ❖ Carry loads in ipsilateral arm (same as side of surgery)
- ❖ Healing can take up to 1 year. Expect some response to the surgery and exercise such as muscle soreness and swelling
- ❖ Acceptable Activities: swimming, biking, walking, dancing, golfing (using a golf cart), bowling. Avoid high impact activities
- ❖ Elastic stockings (ted-hose) should be worn with airplane travel for up to 1 year post-operatively
- ❖ Exercise should become a lifetime commitment to lengthen the survivorship of you new joint

**LIFELONG RESTRICTIONS:**

- ❖ **No high impact activities (ie- running and jumping)**
- ❖ **No continual carrying heavy loads >40 lbs (ie-20 times a day, 5 days a week). Occasional lifting allowed**

