

## **Total Hip Arthroplasty Rehabilitation Protocol**

(All surgical approaches)

Total Hip Arthroplasty (THA), also known as a total hip replacement is a surgical procedure to treat patients who experience pain and dysfunction from an arthritic hip joint. Several effective surgical approaches for THA have been developed and are utilized. The surgeon will determine the best surgical approach to use for each individual. Please note there are different precautions for THA based on the surgical approach used. These must be followed to decrease the risk of dislocation based on the tissues that were affected during surgery. Below begins to include universal recommendations while specific guidelines based on approach will be included in precautions.

**Walking:** Proper use of an assistive device is essential until patient is able to ambulate without compensation patterns or pain. Absolutely no limping or painful patterns should be permitted. Gradually increase ambulation distance and time daily as tolerated to increase strength and endurance. A general recommendation is 10% per day. If pain, soreness or limping persists, return to previous level of activity until symptoms have resolved for at least 2 days.

- Assistive device following Anterior Total Hip Arthroplasty: 2-4 weeks

### **Precautions:**

Anterior approach (strictly adhered to for first 6 weeks, guarded progression thereafter)

- No hip extension past 10 degrees

Posterior approach: (standard precautions strictly adhered to for the first 3 months unless directed by the physician, guarded progression thereafter)

- No hip flexion past 90 degrees
- No hip internal rotation
- No hip adduction past neutral

## Total Hip Arthroplasty Rehabilitation Protocol

Phase 1	Day 1 post-op until D/C of Assistive Device (0 to 6 weeks)
<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> <li>• Protect healing tissue</li> <li>• Pain and edema control</li> <li>• DVT prevention</li> <li>• Improve pain free ROM</li> <li>• Normalize muscle activation</li> <li>• Ambulate independently without AD</li> <li>• Independent with all ADL's</li> </ul>
<p>Precautions (strictly adhered to for approach specific timeline, guarded progression thereafter)</p>	<p>Anterior approach:</p> <ul style="list-style-type: none"> <li>• No hip extension past 10 degrees</li> <li>• No supine SLR</li> </ul> <p>Posterior approach:</p> <ul style="list-style-type: none"> <li>• No hip flexion past 90 degrees</li> <li>• No hip internal rotation</li> <li>• No hip adduction past neutral</li> <li>• No supine SLR</li> </ul> <p>General precautions</p> <ul style="list-style-type: none"> <li>• WBAT, with use of assistive device (AD) as needed (crutches, walker)</li> <li>• No crossing legs (crossing ankles OK)</li> <li>• Use good bending / lifting mechanics (keep back straight and bend at knees)</li> <li>• Keep hips above knees when sitting, avoid sitting in deep chairs</li> </ul>
<p>Suggested Therapeutic Exercise/Treatment</p>	<ul style="list-style-type: none"> <li>• Early range of motion (ROM) as tolerated within the restricted range</li> <li>• Soft tissue immobilization as needed, scar mobilization once incision heals (&gt;2-3 weeks)</li> </ul>

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Phase 2	D/C Assistive Device to Pain Free ADLs (6 to 12 weeks)
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Maneuver up/down stairs without assistive device, alternating step pattern</li> <li>• Progress ROM to patient tolerance</li> <li>• Advance strength/balance/functional movement to include closed chain activities without hip pain</li> <li>• Begin to ambulate on uneven ground as needed and tolerated</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Progress with ROM as tolerated w/o pain or discomfort</li> </ul> <p>Posterior approach:</p> <ul style="list-style-type: none"> <li>• No hip flexion past 90 degrees</li> <li>• No hip internal rotation</li> <li>• No hip adduction past neutral</li> </ul>
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> <li>• Therapeutic exercise</li> <li>• Stationary bike and/or elliptical if tolerated</li> <li>• Resistant band strength work</li> <li>• Closed chain strength work</li> <li>• Static/dynamic balance and proprioception challenges as appropriate</li> <li>• Aquatic work if incision is completely healed</li> </ul>

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Phase 3	After all Phase 2 Goals Met (12 Weeks and beyond)
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Glute strength 4/5 or greater</li> <li>• Ambulation w/o AD</li> <li>• No restrictions w/ lifting activities from 0-90 degrees of hip flexion</li> <li>• Return to all work/ADL's/recreational acts that may include running/impact/jumping and heavy manual labor</li> </ul>
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> <li>• Cardiovascular challenges: swim/bike/elliptical/run</li> <li>• Sport specific acts including multi-directional changes as physician approved</li> </ul>