Total Hip Arthroplasty/Posterior Surgical Approach

Dislocation Precautions: Do not bend the operated hip past 90 degrees. Do not cross the midline of the body with operated leg. Do not rotate the operated leg inward. In bed, toes and knee cap should point toward ceiling. Dr. Antonacci: Precautions are lifetime.

Phase I (1 – 5 days post-op.)
- Wound care: Observe for signs of infection.
- Observe for signs of:
  - DVT: Homan's sign, increased swelling, erthymia, calf pain.
  - Dislocation: Uncontrolled pain, an obvious leg length discrepancy, leg may appear rotated as compared to non-operative leg.
- Modalities PRN for pain or inflammation (ice, IFC)
- Edema: Cryotherapy following P.T. Elevation. Compression stockings (TED hose) must be worn until 6 weeks post-op. May remove TED hose at night.
- Gait: Ambulation with walker or 2 crutches on flat surfaces only with weight bearing as tolerated unless specified by M.D. Stair training if discharge plan is to home.
- ROM: AROM/AAROM/PROM: Ankle, knee and hip within dislocation precautions.
- Strengthening: Isometric quadriceps, hamstrings, and gluteal exercises, SAQs, LAQs, SLR, supine hip abduction.

Phase II (5 days – 4 weeks post-op.)
- Continue to observe for signs of infection. Begin scar management techniques when incision is closed.
- Modalities: Continue PRN
- Edema: Cryotherapy following P.T. Elevation. Compression stockings (TED hose) must be worn until 6 weeks post-op. May remove TED hose at night.
- Gait: Based on post-op. WB status. Progress to cane. Wean off assistive device when Trendelenberg test is negative. Progress to stairs.
- Balance/Proprioception training: Weight-shifting activities.
- ROM: AROM, AAROM, PROM: Ankle, knee and hip within dislocation precautions.
- Strengthening: LE exercises to include: Isometric quadriceps, hamstrings, and gluteal, SAQs, LAQs, SLR, supine hip abduction, stationary cycle/ stepper without resistance, calf raises, step-ups, squats and progressive resistance exercises.
Phase III (4 weeks – 10 weeks post-op.)

- Wound: Continue scar mobilizations.
- Modalities: Continue PRN
- Edema: Cryotherapy post therapy. Compression stockings (TED hose) must be worn until 6 weeks post-op. May remove TED hose at night.
- Gait: Wean off assistive device. Progress to stairs. Progress endurance.
- ROM: AROM, AAROM, PROM: Knee and hip within dislocation precautions.
- Strengthening: Increase resistance of closed chain exercises.
  - Stationary/recumbent cycle or stepper with resistance
  - Forward and lateral step up/down
  - 3-way SLR (exclude hip adduction)
  - 1/4 lunges in flexion, abduction and extension
  - Sit to stand chair exercises
  - Sidestepping and backwards ambulation
  - Ambulation on uneven surfaces
  - Balance/Proprioception: Progress to single leg balance challenges
  - Lifting/carrying
  - Pushing or pulling
  - Return to work tasks
  - Possible RTW with physician's restrictions
  - Progress HEP or fitness center exercise routine

Phase IV (10+ weeks post-op.)

Progress exercise resistance, repetitions and duration for return to specific work tasks and/or recreational sports.

1) The Brigham and Women’s Hospital, Inc., Department of Rehabilitation Services; 2011.