

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 :
 - o DVT: Homan's sign, increased swelling, erythymia, calf pain.
 - o 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.
 - o Stationary/recumbent cycle or stepper with resistance
 - o Forward and lateral step up/down
 - o 3-way SLR (exclude hip adduction)
 - o 1/4 lunges in flexion, abduction and extension
 - o Sit to stand chair exercises
 - o Sidestepping and backwards ambulation
 - o Ambulation on uneven surfaces
 - o Balance/Proprioception: Progress to single leg balance challenges
 - o Lifting/carrying
 - o Pushing or pulling
 - o Return to work tasks
 - o Possible RTW with physician's restrictions
 - o 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.
- 2) Brotzman, SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2nd Ed. Philadelphia: Mosby; 2003.
- 3) Duke Orthopedics, Joint Replacement "Physical Therapy Instructions After Hip Surgery;" July 2007, Rev. Oct. 2011.