

## **Total Hip Arthroplasty**

### **Posterior Surgical Approach**

#### **Precautions:**

- Do not bend the operated hip past 90
- 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
- For Dr. Antonacci, Precautions are lifetime
- TED Hose Guidelines:
  - Dr. Antonacci – 2 weeks (on during the day, remove at night)
  - Dr. Barba – At least 4 weeks but ultimately varies based on patient and doctor discretion
  - Dr. Bottros – 2-3 weeks. If TED hose is not tolerated can use a 6" ace wrap from toes to mid thigh.

#### **Phase I (1 – 5 days post-op)**

- Wound care: Observe for signs of infection
- Observe for signs of:
  - DVT: Homan's sign, increased swelling, erythema, calf pain
  - Dislocation: Uncontrolled pain, an obvious leg length discrepancy, leg may appear rotated as compared to non-operative leg
- Modalities: prn for pain and inflammation (ice, IFC)
- Edema:
  - Cryotherapy following PT evaluation
  - Elevation
  - Until 6 weeks, compression stockings (TED hose), may be taken off at night
- Gait: Ambulation with walker or 2 crutches on flat surfaces only with WBAT, unless specified by physician. Stair training
- ROM: AROM/AAROM/PROM for ankle, knee, and hip within dislocation precautions
- Exercises: Quad/ham/glut sets, SAQs, LAQs, SLR, Supine hip abd

#### **Phase II (5 days – 4 weeks post-op)**

- Wound care: Continue to observe for signs of infection. Begin scar management techniques when incision is closed
- Modalities: Continue prn
- Edema:
  - Cryotherapy following PT
  - Elevation
  - Until 6 weeks, compression stockings (TED hose), may be taken off at night

- Gait: Progress to cane and wean off assistive device when Trendelenberg test is negative.  
Progress stairs. WBAT unless specified by physician
- ROM: AROM/AAROM/PROM for ankle, knee, and hip within dislocation precautions
- Strengthening:
  - Quad/ham/glut sets, SAQs, LAQs, SLR, Supine hip abd
  - Stationary cycle/stepper without resistance
  - Calf raises, step-ups, squats, and PREs
  - Forward and lateral step up/down, as tolerated
  - 3 way SLR (NO ADDUCTION), as tolerated
  - Sit to stand, as tolerated

### **Phase III (4 weeks – 10 weeks post-op)**

- Wound care: Continue scar mobilizations
- Modalities: Continue prn
- Edema:
  - Cryotherapy following PT
- Gait: Wean off assistive device. Progress stairs. Progress endurance
- ROM: AROM/AAROM/PROM for ankle, 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 (NO ADDUCTION)
  - ½ lunges into flexion, abduction, and extension
  - Sit to stand
  - Side stepping and retro-walking
  - Ambulation on uneven surfaces
  - Balance/proprioception: Progress to single leg balance challenges
  - Lifting/carrying
  - Pushing/pulling
  - RTW tasks/RTW with physician restrictions
  - Progress HEP/fitness center routine

### **Phase IV (10+ weeks post-op)**

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



Adapted From:

- 1) The Brigham and Women's Hospital, Inc., Department of Rehabilitation Services; 2011.
- 2) Brotzman, SB. Wilk KE. Clinical Orthopedic Rehabilitation. 2<sup>nd</sup> Ed. Philadelphia: Mosby; 2003.
- 3) Duke Orthopedics, Joint Replacement "Physical Therapy Instruction After Hip Surgery;" July 2007, Rev. Oct 2011.