OrthoIllinois REHABILITATION

Total Hip Arthroplasty

Direct Anterior Approach

Precautions: No strenuous ER and extension; Weight lifting restriction of 20 lbs.

- For Dr. Oyer: Until 6 weeks post-op, no form of external resistance during strengthening activities unless otherwise noted
- 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

Phase I (1 – 5 days post-op)

- Wound care: Observe for signs of infection, DVT (Homan's), and dislocation
- Modalities: PRN for pain and inflammation (ice, IFC)
- Edema: Cryotherapy following PT, Elevation, Compression stockings (TED hose) must be worn until patient exhibits independent, normal gait. May remove TED hose at night
- Gait: Ambulation with walker or 2 crutches on flat surfaces only with WBAT unless specified by physician
- ROM: AROM/AAROM/PROM for knee and hip within dislocation precautions listed above
- Exercises: Quad, hamstring, and glut sets; Closed chain exercises with bilateral UE support (observing WB restrictions if implemented by physician); Heel slides, SAQ, 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: PRN
- Edema: Cryotherapy following PT, Elevation, Compression stockings (TED hose) must be worn until patient exhibits independent, normal gait. May remove TED hose at night
- Gait: Based on post-op WB status
    - WBAT to FWB: may wean to SPC at 1 week
    - Wean off assistive device by 2 weeks, if muscle performance is sufficient
- Balance/Proprioception training: Weight-shifting activities
- ROM: AROM, AAROM, PROM for knee and hip within dislocation precautions

- Strengthening:
    - Continue with quad, hamstring, and glut sets; Stationary cycle or stepper; Closed chain exercises;
    - At 3-4 weeks: Progressive resistance exercises, step ups, squats

Phase III (4 weeks – 8 weeks post-op)

- Wound care: Continue scar mobilizations
- Modalities: PRN for pain and edema control
- Edema: Cryotherapy following PT
- Gait: Normalize gait pattern
    - If no assistive device was used pre-operatively and muscle performance is sufficient, progress to ambulation without an assistive device by 2-4 weeks post-op
    - If assistive device was used pre-operatively or muscle performance is insufficient, continue with appropriate assistive device
- ROM: AROM, AAROM, PROM for knee and hip within dislocation precautions; At 6 weeks, hip flexors may be stretched into extension
- Strengthening: Increase resistance of closed chain exercises
    - Forward/lateral step up/down
    - 3-way SLR (exclude prone extension)
    - ¼ forward/lateral lunges
    - Sit <-> chair exercises
    - Side stepping and backwards ambulation
    - Ambulation on uneven surfaces
    - Lifting/carrying: up to 20# from floor
    - Pushing/pulling
    - RTW tasks/RTW with physician's release and restrictions
    - Aquatic program if incision is fully healed
    - Progress HEP/fitness center routine
- Balance/Proprioception: Progress to single leg

Phase IV (8+ weeks)

- Progress exercise resistance, reps, and duration for specific RTW tasks and/or recreational sports
- Activities to avoid for life: running, jumping, and high-impact activities

Adapted From:

1) The Brigham and Women's Hospital, Inc., Department of Rehabilitation Servies; 2011.
2) Brotzman, SB, Wilk KE. Clinical Orthopedic Rehabilitation, 2nd Ed. Philadelphia: Mosby; 2003.
3) Anterior Approach as Describes by Joel Matta, MD, DeRey Implants, jointrelacement.com
4) THA Direct Anterior Approach Protocol. Texas Orthopedic Surgical Association. Dallas, TX. www.thebonedocs.com
5) THA Rehab Protocol. Lahey Hospital and Medical Center. L Spreech MD and R. Wilk MD. Lexington, KY, 2015.

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