

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 shoulder point toward ceiling
- For Dr. Oyer, Until 6 weeks post-op, no form of external resistance during strengthening activities unless otherwise noted
- 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. 2nd Ed. Philadelphia: Mosby; 2003.
- 3) Duke Orthopedics, Joint Replacement "Physical Therapy Instruction After Hip Surgery;" July 2007, Rev. Oct 2011.