

## 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. Oyer, Until 6 weeks post-op, no form of external resistance during strengthening activities unless otherwise noted
- Dr. Bottros patients will be progressed on a case by case basis, with the decision to begin different phases coming from Dr. Bottros and his team based on factors such as prosthesis used and current status of the patient. That communication can be found in the most recent office visit note. If unsure of which phase of recovery the patient is in, reach out to Dr. Bottros clinical lead for clarification.
- TED Hose Guidelines:
  - 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
  - Dr. Oyer - 2 weeks

#### 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.