

Total Hip Arthroplasty

Direct Anterior Approach

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

- Dr. Pflederer
 - At 2 weeks post-op, start PT
 - No hip precautions
 - Do not discuss leg length/shoe lift unless directly discussed with surgeon
- TED Hose Guidelines:
 - Dr. Barba - At least 4 weeks but ultimately varies based on patient and doctor discretion
 - Dr. Oyer - 2 weeks
 - Dr. Pflederer - 2 weeks

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 the 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 the 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 preoperatively and muscle performance is sufficient, progress to ambulation without an assistive device by 2-4 weeks post-op
 - If assistive device was used preoperatively 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 Services; 2011.
- 2) Brotzman, SB, Wilk KE. Clinical Orthopedic Rehabilitation, 2nd Ed. Philadelphia: Mosby; 2003.
- 3) Anterior Approach as Described by Joel Matta, MD, DeRey Implants, jointreplacement.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 Sprech MD and R. Wilk MD. Lexington, KY, 2015.