



TOTAL HIP ARTHROPLASTY / HEMI ARTHROPLASTY PROTOCOL

PHASE 1: IMMEDIATE POST SURGICAL PHASE (DAY 0 – 3)

Goals:

- Early Cardinal Plane Motion of the operative hip
- Gait Training:
 - Assistive Devices are used to enable the patient to achieve proper weight bearing status on the operative extremity
 - Assistive devices discontinued at discretion of Orthopedic Surgeon
- ***AVOID SIMULTANEOUS / COMBINATION MOVEMENTS OF OPERATIVE HIP***
 - Patients are allowed to:
 - Flex
 - Extend
 - Abduct
 - Adduct
 - Rotate
 - *MUST BE IN THE CARDINAL PLANES OF MOTION*
 - *WITH **NO** RESTRICTION OF MOVEMENT*
 - *ANY COMBINATION OF MOTION DURING THE INITIAL **3 MONTHS** POST OPERATIVE PERIOD **SHOULD BE AVOIDED***

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Ambulation Guidelines:

- Weight Bearing Status:
 - 1st Six weeks post-operative THA will vary from:
 - Patient to Patient
 - Type of Prosthesis
- *** REFER TO PHYSICIAN'S SPECIFICALLY PATIENT PRESCRIBED PROTOCOL ***

****** No Running or involvement in sporting activities requiring running and / or jumping for 12 weeks post operatively ******

Day 0:

- Exercises: Should be performed every two hours that patient is awake
 - Isometric Exercises
 - Ankle Pumps
- Begin assisted Bed-to-chair transfers using an assistive device
 - Chair must be appropriate height
- Weight bearing is dependent upon type of prosthesis implanted
- Patients may sit in an upright position if comfortable

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- Discuss Post - operative dislocation precautions / Restrictions

Day 1:

- Continue lower extremity isometrics and ankle pumps
- Initiate upper extremity and contralateral limb strengthening exercises
- Begin assisted ambulation on level surfaces using an assistive device
 - Weight bearing status dependent on type of prosthesis used
- Begin discharge planning and home needs assessment
- Review Dislocation precautions / Restrictions

Day 2:

- Review lower extremity isometric and ankle pumping exercises
- Begin supine lower extremity active assisted range of motion exercises
 - Motion is limited to the patients tolerance
 - Within the cardinal planes
- Continue with assisted ambulation on level surfaces
- Reinforce hip dislocation precautions / Restrictions

Day 3:

- Continue comprehensive exercises program with emphasis on increasing hip range of motion and general muscle strength
- Begin sitting exercises
- Refine gait pattern and instruct patient in stair climbing
- Review:
 - Home Exercises
 - Home instructions
 - Emphasize dislocation precautions
- Finalize discharge plans
 - All Patients require:
 - assistive device for ambulation
 - elevated toilet seat
 - follow up appointment with Physical Therapy

PHASE II: DAYS 3 – 10

Goals:

- Achieve functional ROM within Cardinal Plane
- Muscle strengthening of entire hip girdle of the operative extremity
 - Emphasis on hip abductor and extensor muscle groups
 - Attention should be directed toward any weakness present in operative extremity as well as any general weakness in the upper extremities, trunk, or contralateral extremity
- Proprioceptive training to improve body / spatial awareness of the operative extremity in functional activities

- Functional training to promote independence in activities of daily living and mobility

Day 3 – 10

- Modalities for Pain Control and Edema Reduction
 - Ice
- Therapeutic Exercise
 - Gentle Passive ROM
 - Active – Assistive ROM
 - Active ROM
 - Stationary Bike
 - No Resistance to motion
- Balance / Proprioceptive Training
 - Tandem Walking
- Gait Training
 - Level Surface
 - Forward Walking
- Functional Training
 - Standing activities
 - Transfer activities

PHASE III: 10 DAYS TO 6 WEEKS

Goals

- Muscle strengthening of entire hip girdle of the operative extremity
 - Emphasis on hip abductor and extensor muscle groups
 - Attention should be directed toward any weakness present in operative extremity as well as any general weakness in the upper extremities, trunk, or contralateral extremity
- Proprioceptive Training to improve body / spatial awareness of the operative extremity in functional activities
- Endurance training to increase cardiovascular fitness
- Functional training to promote independence in Activities of Daily living and mobility
- Gait Training:
 - Assistive Devices are discontinued when the patient is able to ambulate without a positive Trendelenburg test based upon the ambulation guidelines
 - Usually 4 – 6 weeks

Day 10 to 6 Weeks:

- Modalities for Pain Control and Edema Reduction
 - Ice
- Exercises
 - Continue all Previous exercises

- Lower extremity strengthening exercises using the T-Band
- Aquatic Therapy / Activities
 - Once incision is completely healed
- Scar Massage /Mobility
 - May begin once the sutures have been removed and the incision is clean and dry
- Advance All ROM
 - Active
 - Passive
 - Active – Assist
- Closed Kinetic Chain Activities
- Continue Stationary Bike
 - Progress Resistance
- Balance / Proprioception Training
 - Weight Shifting Activities
 - Closed Kinetic Chain Activities
 - Lateral Stepping
 - Over objects
 - Around objects
 - Cone walking
- Gait Training:
 - Level Surface
 - Forward Walking
 - Sidestepping
 - Retro walking
 - Uneven Surfaces
- Functional Training
 - Lifting
 - Carrying
 - Pushing
 - Pulling
 - Squatting
 - Crouching
 - Return to work tasks

PHASE IV: WEEKS 6 – 12

Weeks 6 – 12:

- Exercises
 - Continue previous exercises
 - Advance ROM:
 - Active
 - Passive
 - Active Assist

- Nordic Track
- Stair Step Machine
- Develop walking program
- Continue pool
- Continue bike
- Endurance Training
 - UBE
 - Ambulation Activities
- Balance / Proprioception Training
 - Obstacle course
- Functional Training
 - Lifting
 - Carrying
 - Pushing
 - Pulling
 - Squatting
 - Crouching
 - Return to sport tasks