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Total Hip Arthroplasty Post-Operative Care – Anterior and Posterior Approach

This protocol was developed to provide the physical therapist with guidelines for treatment of a patient who has undergone total hip arthroplasty. These guidelines are not a substitute for appropriate clinical decision making. It is essential that the therapist take into consideration the patient's general health, integrity of associated joints and any post-op complications. The protocol is divided into 3 phases. Patients will typically continue with formal physical therapy until late Phase II or early Phase III (8 to 12 weeks post-op). Anticipated number of visits range from 10 to 15 formal PT sessions. Progression from phases should not occur prior to the appropriate post-op timeframes; however, phase progression should be delayed if the patient does not meet the progression criteria. Tolerance to exercise should be closely monitored. Patients should not have a significant increase in pain after treatment or exercise. If this occurs, treatment is too vigorous and should be modified accordingly.

Phase I: Post-Op Phase
POD 1 to Week 2

Formal Physical Therapy:
- *Few patients will begin outpatient PT during this phase*
- Exercises from this phase should be continued until they are no longer challenging.

Goals:
- Independent/modified independent transfer in and out of bed/chair/toilet/car
- Modified independent stair negotiation and ambulation on level surfaces with cane of crutches
- Independent with HEP
- Demonstrate knowledge and adherence of THA precautions (if indicated)
- Independent with basic ADL's

Precautions:
- Monitor for signs of a DVT
- Monitor wound healing closely
- Avoid prolonged static positions
- Avoid pillows under knee to prevent hip flexion contracture
- Avoid supine SLR flexion

Posterior approach (maintained for 6 weeks or until cleared by surgeon):
- No hip flexion >90°
- No hip adduction past midline
- No hip internal rotation past neutral
- Avoid lying on non-operated side

<u>Anterior approach</u>:

- No ROM precautions

Physical Therapy Treatment:

- Patient education
  - Hip precautions
  - Assistance with ADL's
- Quad sets/glut sets/ham sets
- Ankle pumps
- Supine heel slides
- Supine hip internal rotation to neutral
- LAQ/SAQ
- Standing hip extension, abduction, hamstring curls, marching (≤90° hip flexion)
- Hip flexor stretching
- Gait training
- Stair negotiation
- Transfer training

Recommended HEP:

- PT-selected exercises 2 times daily

Criteria for Progression to Phase II:

- Satisfactory clinical exam

Phase II: Intermediate Phase
Weeks 3 to 8

Formal Physical Therapy:

- The majority of patients will be treated 2 times per week
- Most patients will be discharged in late Phase II or early Phase III

Goals:

- Minimize pain
- Normalize gait without assistive device
- Hip extension: 0-15°
- Control edema
- Independent with ADL's

Precautions:

- Monitor for signs of DVT
- Maintain hip precautions until week 6
- Avoid prolonged static positions
- Avoid ambulation without assistive device in the presence of significant deviation
- Avoid reciprocal stair negotiation until adequate strength/control is achieved
- Avoid supine SLR flexion

Physical Therapy Treatment:

- Continue with Phase I exercises/treatment as appropriate until no longer challenging
- Gait training
- Retro treadmill
- Resisted hip strengthening
- Leg press
- Forward step ups
- Proprioception training (static and dynamic)
- Gentle hip external rotation stretching as needed
- Stationary bicycle with high seat (week 4-6)
- Side-lying hip abduction AROM (week 4-6)

Recommended HEP:

- Phase I and II exercises as appropriate
- Begin progressive walking program as tolerated

Criteria for Progression to Phase III:

- Edema and pain controlled
- Hip extension: 0-15°
- Normalized gait pattern without assistive device
- Ascend a 4-6" step
- Independent with ADL's
- Satisfactory clinical exam

Phase III: Advanced Strengthening/Return to Function Phase
Week 9 onward

Formal Physical Therapy:

- Most patients will be discharged by week 12
- The patient will be instructed on which exercises need to be continued and how to progress

Goals:

- Reciprocal stair negotiation
- Independent with lower extremity dressing
- Normal age-appropriate scores on balance and proprioception tests
- Return to patient-preferred functional/recreational activities

Precautions:

- Hip precautions per surgeon

Physical Therapy Treatment:

- Continue with Phase II exercises/treatment as appropriate
- Lower extremity stretching (as precautions allow)
- Progress CKC lower extremity strengthening
- Forward step downs
- Advanced proprioception and balance activities
- Patient activity-specific training

Recommended HEP:

- Phase I, II, and III exercises as appropriate

General guidelines of discharge are as follows:

- Non-antalgic, independent gait
- Independent, reciprocal stair negotiation
- Pain-free AROM
- Normal age-appropriate balance and proprioception
- Independent with HEP
- Achievement of patient-specific goals

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