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:
  o Assistive Devices are used to enable the patient to achieve proper weight bearing status on the operative extremity
  o Assistive devices discontinued at discretion of Orthopedic Surgeon
• AVOID SIMULTANEOUS / COMBINATION MOVEMENTS OF OPERATIVE HIP
  o 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

Ambulation Guidelines:
• Weight Bearing Status:
  o 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
- 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
o Uneven Surfaces
• Functional Training
  o Lifting
  o Carrying
  o Pushing
  o Pulling
  o Squatting
  o Crouching
  o Return to work tasks

**PHASE IV: WEEKS 6 – 12**

**Weeks 6 – 12:**
• Exercises
  o Continue previous exercises
  o Advance ROM:
    ▪ Active
    ▪ Passive
    ▪ Active Assist
  o Nordic Track
  o Stair Step Machine
  o Develop walking program
  o Continue pool
  o Continue bike
• Endurance Training
  o UBE
  o Ambulation Activities
• Balance / Proprioception Training
  o Obstacle course
• Functional Training
  o Lifting
  o Carrying
  o Pushing
  o Pulling
  o Squatting
  o Crouching
  o Return to sport tasks