Total Hip Replacement Protocol

Preoperative

Goals:

1. ***Will have a good understanding of the procedure***
2. ***Will demonstrate understanding of their precautions***
3. ***Will demonstrate understanding of their inpatient exercise regimen and their beginning HEP once they are discharged from the hospital***

Treatment:

- Enrolled in a preoperative THR class who's content includes:
  - The reason for a total hip replacement
  - Description of the components
  - Precautions
  - Inpatient exercise program
  - HEP
  - Outpatient expectations
  - Gait training with assistive devices

Postoperative Day of Surgery

Goal:

1. ***Initiate inpatient exercise program***
2. ***transfer out of bed to stand obeying weight bearing restrictions.***

Treatment:

- Start Ankle pumps, glut sets, quad sets, hamstring sets
- Bed mobility training
- Transfer training to bedside
- Sit to stand keeping weight bearing restrictions using assistive device

Inpatient Stay

Goal:

1. ***Independent with assistive device (crutches, walker) maintaining weight bearing restrictions***
2. ***Independent bed mobility and transfers***
3. ***Able to maintain all precautions***
4. ***Able to walk household distances with assistive device and maintenance of weight bearing restrictions.***
5. ***Independent with inpatient exercise program.***
6. ***Discharge planning has arranged for necessary assistive devices for home***

Treatment:

- Review of precautions (to be followed on average 3 months or as directed by surgeon). Attempts should always be made to include the family members with any instructions being given
  - Anterolateral approach: patient should not:
    - Hyperextend hip
    - Extend with external rotation
    - Bridge
    - Prone lying

        - Keeping patient in approximately 30° of hip flexion while supine (raise the head of the bed or pillow(s) under knees.
    - Posterior approach:
        - Avoid combination motions of hip flexion, adduction, and internal rotation
        - No hip flexion greater than 90°
        - No hip extension past neutral
        - No hip internal rotation beyond neutral when hip is flexed.
- Bed mobility training while maintaining precautions
- Transfer training:
    - Supine to sit
    - Sit to stand
    - To chair, to toilet, to shower.
- progressive gait training using assistive device and proper weight bearing

Note: Labs MUST be reviewed to determine patient safety to participate

- Progress ther ex as tolerated. Ankle pumps, isometrics, assisted ROM, progress to seated exercises
    - Avoid SLR
- Review initial HEP
    - do 3 times a day
    - increase sitting tolerance to 30-45 minutes at least
    - Walk often in short increments to prevent stiffness and to increase endurance (progress very slowly)
    - **Do not twist on operated leg when walking**
    - Follow up with surgeon if have persistent swelling and/or pain
- Work with discharge planning on necessary assistive devices for home and home health follow up

Postoperative Week 2 - 4

Goal:

1. ***Initiate outpatient therapy(must be discharged from all home health services for at least 72 hours***
2. ***Initiate pool program***
3. ***Progress AROM***
4. ***Progress gait tolerances while maintaining appropriate weight bearing restrictions***
5. ***Maintain strength and functionality of uninvolved limbs and trunk***

Treatment:

- Initiate Pool therapy if incision is closed and dry (sutures must have already been removed)
- Progress gait distances using assistive device and appropriate weight bearing restrictions. Work on normalizing gait pattern.
- Reinforce and maintenance of precautions and weight bearing restrictions
- Add clams, hip abduction, standard stationary bike 0-minimal resistance
- Wall squats and sit to stand to sit
- Progress HEP to include clams, hip abduction, wall squats, sit to stand to sit exercises
- Ther Ex for the uninvolved side, UE's, and trunk

Postoperative Week 5 – 6

Goals:

1. ***ambulating with 0-min assistive devices with good pattern***
2. ***Precautions maintained***
3. ***Ther Ex program progressed with good tolerance***
4. ***Progressed Pool program***
5. ***Maintain function and strength off uninvolved limbs and trunk***
6. ***Pain minimized***

Treatment:

- Increase gait training and decrease assistive device with MD approval. Patient can progress gait as long as gait disturbances such as trendelenberg or antalgic gait aren't present
- maintain precautions
- Increase gait distances progressing toward community distances
- Progress reps on present exercises
- Add resistance slowly to the exercise bike.
- Start leg press/total gym
- Progress UE, trunk exercises
- Modalities and manual therapy indicated for any pain/soft tissue issues

Postoperative Week 7 – 10

Goals:

1. ***Ambulating community distances without assistive devices (flat surfaces)***
2. ***Progress gym and HEP***
3. ***Control any pain symptoms***

Treatment:

- Progress gait to include steps, stairs, varied surfaces. Increase distances as tolerated
- Maintain precautions
- Consider elliptical with MD approval and treadmill.
- Increase resistances on leg press slowly and to tolerance
- Add quadruped activity while observing all precautions
- Add weight, bands, resistances to exercises as approved by surgeon.
- Continue UE and trunk work
- Modalities/manual therapy for pain or soft tissue issues

Postoperative Week 10 – 16

Goals:

1. ***Return to ADL's and PLF***
2. ***Independent HEP and gym program***
3. ***Ambulates without community barriers***

Treatment:

- Increase time and resistance to all exercises
- Activity specific training
- Low impact cardiovascular exercise (swimming, treadmill, elliptical, bike)
- Varied surface/stability training
- Precautions as instructed by the surgeon.
- Finalize HEP to include pertinent/approved exercise equipment at home and at the gym
- ***Avoid high impact/volitional activities including pivoting, cutting, jumping, quick starts/stops***.