

Total Hip Arthroplasty Rehab Protocol

The surgeon must specify on the referral any specific recommendations or deviations outside this protocol.

Phase I	Phase II	Phase III
POD 0-Hosp D/C	Hospital D/C-Week 2	Week 2-Discharge
<p>General Goals:</p> <ul style="list-style-type: none"> -Allow soft tissue healing -Reduce pain, inflammation and swelling -Increase motor control and strength -Increase independence with mobility -Educate patient regarding dislocation and weight bearing -LOS < 48 hours <p>Precautions:</p> <ul style="list-style-type: none"> -Anterolateral Approach: AVOID hip flex > 90 deg, adduction past neutral, ext beyond neutral while in ER -Precautions needed for 4 weeks post-op <p>Weight Bearing:</p> <ul style="list-style-type: none"> -WBAT (unless otherwise directed by surgeon) <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Bed mobility and transfer training -Gait training with appropriate assistive device -Stair climbing in appropriate step to fashion -Exercise: ankle pumps, quad sets, gluteal sets, SAQ, heel slides, hip ABD/ADD without resistance, LAQ 	<p>General Goals:</p> <ul style="list-style-type: none"> -Allow healing/maintain safety -Reduce pain, inflammation, swelling -Increased ROM while adhering to precautions -Increase strength -Increase functional independence <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Home exercises to be performed at least 2x/day: ankle pumps, quad sets, gluteal sets, SAQ, heel slides, hip ABD/ADD without resistance, LAQ -Standing exercises: hip flex, abd, ext -Gait training: wean from assistive device only when patient can make transition without onset of gait deviation -Walking program: begin with AD working up to 5-10 minutes, 2-3x/day 	<p>General Goals:</p> <ul style="list-style-type: none"> -Reduce pain, inflammation and swelling -Increase ROM while adhering to precautions -Increase LE and trunk strength while adhering to precautions -Improve balance <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Initiate outpatient physical therapy generally at <u>week 4</u> -Initiate closed chain exercises such as weight shifting, side stepping, front step up/down, lateral step up/down, sit <> stand, leg press, mini squat -Initiate balance and proprioceptive retraining -Normalize gait pattern and wean from assistive device