General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient’s progression. Actual progression should be individualized based upon your patient’s physical examination, progress, and presence of any complications.

The following routine Total Hip Precautions, regardless of which approach is used, should be observed at all times for the first 6 weeks post-op:

1. No adduction past the midline
2. No flexion past 100 degrees
3. No hip extension past neutral
4. No internal rotation past 10 degrees

PHASE I: (Immediate)

Week 1

Orthotics-
1. Adduction pillow when sleeping per physician direction
2. TED hose at all times per physician direction

Weight Bearing-
1. May progress weight bearing as tolerated with walker or crutches

Modalities (PRN)-
1. Ice, compression, and elevation as needed
2. Electrical stimulation for pain or muscle re-education
3. Ice for 20 minutes following exercises throughout the protocol
4. Moist heat and/or Pulsed Ultrasound after 48 hours

ROM-
1. Total Hip Precautions at all times based on surgical approach

Exercises-
1. Quad Sets / Hamstring Sets / Gluteal Sets
2. Heel Slides
3. Ankle Pumps
4. Lower extremity stretching within ROM limitations
5. Supine Hip Abduction
6. Standing Straight Leg Raises
   a. Hip flexion and Abduction only
   b. NO resistance
   c. Standing position ONLY
7. Short-arc Quads / Short-arc Hamstrings
   a. NO resistance
Total Hip Replacement

PHASE II (Intermediate)

Week 2 - 3

Orthotics-
1. Adduction pillow when sleeping per physician direction
2. TED hose at all times per physician direction

Weight Bearing-
1. Progress to full weight bearing as tolerated
2. May discontinue cane, crutches, walker as appropriate with proper gait

Modalities (PRN)-
1. Continue Phase I modalities as needed

ROM-
1. Total Hip Precautions at all times based on surgical approach

Exercises-
1. Continue Phase I exercises
2. May progress to resistance on Short-arc quads, Short-arc Hamstrings, Straight leg raises
   a. Progress as tolerated
   b. Progress to long-arc quads / hams
3. Stationary Bicycle, Nu-Step
   a. Progress duration and resistance as tolerated
4. Shuttle / Leg Press
   a. Bilateral, progress to Unilateral
   b. Progress resistance
5. Closed Chain Exercises
   a. Mini-Squats, Step Ups, Lunges, etc
6. Standing balance / Proprioception activities / Weight shifts as weight bearing allows
   a. Progress challenge as tolerated
7. Aquatics
   a. Refer to Aquatic Protocol
   b. May be initiated after wound is fully healed and surgical staples are removed

PHASE III (Strengthening)

Week 4 – 6

Orthotics-
1. May discontinue Adduction pillow
2. May discontinue TED hose

Weight Bearing-
1. Should be full weight bearing with normal gait
2. May discontinue cane/walker as appropriate with proper gait

Modalities (PRN)-
1. Continue only as needed
Total Hip Replacement

**ROM**
1. Total Hip Precautions at all times based on surgical approach

**Exercises**
1. Continue Phase II exercises
2. Elliptical Runner
3. Isometric Hip Internal rotation / External rotation strengthening within precautions
4. Referral to Balance Master Evaluation if difficulty with balance is noted by clinician

**Week 7+**

**Exercises**
1. Progress to standing, closed-chain hip rotation exercises
2. Consider dismissal from formal rehabilitation when strength and functional goals have been met, per MD approval.