HaysMed

Total Hip Replacement

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.

Due to extreme physical variances in the patient population undergoing a Total Hip Replacement surgery, the following protocols are designed to provide guidelines for the clinician to progress patients during their rehabilitation. The clinician may alter patient progress to accommodate these physical variations. (Ex. – age, medical problems, cardiovascular conditioning, etc.)

Total Hip Precautions should be observed at all times for the first 6 weeks post-op:

Dr. Cheema – No precautions
Dr. Akinbo – No precautions just avoid extreme ROM

PHASE I: (Immediate)

Week 1

Orthotics-
1. Elastic bandage as directed by physician

Weight Bearing-
1. May progress weight bearing as tolerated with walker or crutches
2. May progress to gait without assistive device as appropriate

Modalities (PRN)-
1. Patients are encouraged to use cold pack/ice for 20 minutes following exercises and as needed for pain control throughout protocol
2. Other modalities at the discretion of the therapist based on clinical findings

Wound care-
1. Dressings should only be changed by physician unless bandages are saturated
2. Notify physician's office if dressing change was necessary due to wound drainage

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

PHASE II (Intermediate)

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Week 2 - 3

Orthotics-
1. Elastic bandage as directed by physician

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

Modalities (PRN)-
1. Modalities at the discretion of the therapist based on clinical findings

Wound care-
1. Dressings should only be changed by physician unless bandages are saturated
2. Notify physician's office if dressing change was necessary due to wound drainage

Exercises-
1. Continue Phase I exercises
2. May progress to resistance with straight leg raises
    a. Progress as tolerated
    b. Progress to long-arc quads / hamstring curls
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. Hook lying Hip External Rotation / glute medius strengthening

PHASE III (Strengthening)

Week 4 – 6

Orthotics-
1. Elastic bandage as directed by physician

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

Exercises-
1. Continue Phase II exercises
2. Elliptical Runner if appropriate

(Cont'd week 4-6)

3. Isometric Hip Internal rotation / External rotation strengthening

4. May progress to sidelying clams with resistance for glute medius strengthening
5. Aquatics may be started once wound is fully healed and surgical staples are removed

PHASE IV: (Advanced Strengthening)

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
3. Progress to long-term fitness program to maximize survivorship of the new joint
   Including free weight and weight machines
   Advance and continue flexibility and balance training
4. Initiation of light sports activity, if appropriate
   Examples: Swimming, biking, walking, golfing, and bowling
5. Avoid high impact activities such as running, jumping, and skiing until 1 year post-op

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