

## TOTAL HIP ARTHROPLASTY

### ANTERIOR APPROACH—POST OPERATIVE PROTOCOL

#### POST-OPERATIVE MANAGEMENT

- ⇒ Hospital 24-48 hours
- ⇒ 50% PWB (walker or crutches) x 2 weeks with gradual progression to WBAT (per strength, pain, and gait mechanics)
- ⇒ Cyrotherapy to reduce inflammation
- ⇒ No passive hip flexion beyond 90° x 4 weeks
- ⇒ Gentle coupled abduction-external rotation for the first 6 weeks
- ⇒ Avoid active hip flexion against gravity x 6 weeks (especially SLRs)

	Time Frame (Weeks)	Guidelines	Goals
<b>PHASE I</b>	0 to 2	<p><b>CRUTCHES:</b> 50% PWB with crutches or walker</p> <p><b>EXERCISE PROGRESSION</b></p> <ul style="list-style-type: none"> <li>• Manually assisted ROM; Flexion, abduction and circumduction</li> <li>• Short and frequent walks in and around the home</li> <li>• Pelvic tilts</li> <li>• Glute, quad and hamstring sets</li> <li>• Bilateral bridging through available ROM</li> <li>• Seated abduction and adduction isometrics</li> <li>• Heel raises</li> <li>• Weight shifting</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce inflammation</li> <li>• Normalize gait with assistive devise</li> <li>• Activate core and hip extensors</li> </ul>
<b>PHASE II</b>	2 to 6	<p><b>EXERCISE PROGRESSION</b></p> <ul style="list-style-type: none"> <li>• STM to quad, ITB, hip abductors and rotators as needed. Avoid aggressive scar mobilization.</li> <li>• Pelvic tilts progressing to crunches</li> <li>• Bridging</li> <li>• Quadruped weight shift, rocking, cat/camel with gradual progression to extensions and bird dog series</li> <li>• Tall kneeling</li> <li>• Bilateral squats with increasing depth</li> <li>• Step-up progression</li> <li>• Multi-plane open chain hip strengthening without resistance progressing to light band resistance</li> <li>• Gradual progression to abduction and adduction strengthening in side-lying</li> <li>• Unilateral proprioception training</li> <li>• Heel raises</li> <li>• Stationary biking</li> </ul>	<ul style="list-style-type: none"> <li>• Wean off assistive devise – no limp. Progression will vary in length based on the patients activity level, occupation etc.</li> <li>• Increase walking program working up to 30-45 minutes of continuous walking by six weeks.</li> </ul>
<b>PHASE III</b>	6 to 12	<p><b>EXERCISE PROGRESSION</b></p> <ul style="list-style-type: none"> <li>• Continue with Phase II program as outlined about</li> <li>• Progress to marching and unilateral bridging</li> <li>• Increase resistance with hip abduction strengthening</li> <li>• Increase depth with squatting</li> <li>• Advance single leg squat progress working out of the sagittal plane</li> <li>• Advance difficulty with proprioception training</li> <li>• May add gym program – leg press, hamstring curls, abd/add/extension machines</li> <li>• Outdoor biking/hiking</li> <li>• Swimming and pool program once incisions are healed</li> <li>• Elliptical</li> <li>• Quadriceps and hip flexor stretching – with gradual progression in range and intensity</li> </ul>	<ul style="list-style-type: none"> <li>• Normal gait</li> <li>• 45 minutes walking tolerance</li> </ul>

	Time Frame	Guidelines
<b>PHASE IV</b>	3 months to 1 year	<p><b>EXERCISE PROGRESSION</b></p> <ul style="list-style-type: none"> <li>• Patient will begin to move away from supervised therapy around the 4 month mark. It is critical that the patient maintain their hip/core strengthening program at least 2-3 x/week to maintain and more importantly progress.</li> <li>• Walking program long term is a good idea.</li> <li>• Patient will want to avoid heavy impact activity long term to promoted longevity of their prosthetic hip.</li> <li>• Interval golf program – working with swing coach may be a good idea to avoid movement faults.</li> <li>• Interval tennis program – doubles.</li> <li>• Skiing progression – avoid bump runs.</li> </ul>