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ORTHOPAEDIC SURGERY  
FRACTURES  
JOINT REPLACEMENT  
SPORTS MEDICINE

## TOTAL HIP ARTHROPLASTY PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- **Total hip precautions after surgery should be followed for 3 months and include:**
  - **Avoid hip flexion past 90°**
  - **Avoid internal rotation of the lower extremity**
  - **Avoid crossing the midline of the body**
  - **Avoid sitting on low, soft surfaces**
  - **Use a raised toilet seat for 6 weeks – 3 months (discussed with the surgeon at the 6 week visit)**
- Patient will be weight bearing as tolerated with a rolling walking or other piece of medical equipment as seen fit by the surgeon. Patient may progress from a walker to a straight cane when they can demonstrate equal weight distribution, adequate balance, and limited Trendelenburg gait or limp.
- Patients may feel uneven in their gait, this is typically due to an adductor spasm and resolves over time.
- Driving is prohibited for the first 6 weeks or until off pain medication and walking without a cane.
- TED hose should be worn during waking hours and removed at night time. They will need to be worn for 6 weeks post operatively
- Patients will have staples or Steri-strips over their surgical incision. Staples will be removed at 10-14 post-operatively, then Steri-strips will be applied for 7 days. When the Steri-strips are removed at approximately 21 days post-op, begin scar massage.
- The patient may shower with a waterproof bandage over the staples but a shower stool or tub bench is recommended for the first 3 months. No soaking in the bathtub.
- Do not use weight machines until at least 3 months after your surgery.
- Patient will attend physical therapy 2-3x/week for the first 6 weeks or until patient returns to the surgeon.

## **TOTAL HIP ARTHROPLASTY PROTOCOL**

### **PHASE 1: INITIAL PHASE**

Weeks 1-3

- Walking at home for about 5 minutes every hour
- Bike for approximately 10 minutes
- Quad sets
- Glut sets
- Heel slides
- Supine hip abduction
- Short arc quad
- Modified bridges
- Clamshells
- Straight leg raise
- Large arc quad
- Calf raises
- Heel raises
- HS curls
- Marching
- Mini squats
- Step ups – only if patient is pain free with weight bearing

### **PHASE 2: INTERMEDIATE PHASE**

Weeks 4-6

Continue with previous or modified versions of previous exercises, but may add:

- Progress ambulation from straight cane to no assistive device when patient can walk without a Tredelenburg gait/limp
- Sidelying abduction
- Standing 4 way hip with theraband resistance
- Forward step ups – increase step height
- Lateral step ups – increase step height
- Single leg stance
- Wall sits
- Sit to stand without UE assistance
- Single knee to chest (at 6 weeks)

### **PHASE 3: ADVANCED PHASE**

Week 7 – 3 months

Continue with previous or modified versions of previous exercises, but may add:

- Increase leg raise weight up to 5#
- Sidestepping with theraband resistance
- Walking program – start with ¼ mile and gradually increase
- Upper body weight machines
- For cardiovascular fitness – elliptical, walking outside or on a track, aquatic exercise, cycle. NO treadmill walking due to compression on the new joint.

### **PHASE 4: FINAL PHASE**

3 months +

Continue with previous or modified versions of previous exercises, but may add:

- Begin using lower extremity weight machines
- Recommended activities – elliptical, cycle, walking, aquatic exercise, low impact aerobics, yoga, Tai Chi, Theraball exercises
- NOT recommended – running/jogging, high impact aerobics, jumping rope or plyometrics