

TOTAL HIP REPLACEMENT PROTOCOL

General Precautions:

1. WBAT from Day one (per physician)
2. Internal rotation to 0° only (1-6 weeks post-op)
3. Adduction to 0° only (1-6 weeks post-op)
4. Hip flexion to 90° only (1-6 weeks post-op)

Pre-operative Physical Therapy

The patient is seen for a pre-operative physical therapy session which includes:

- Review of the THR protocol
- Demonstration of all bedside exercises
- Ambulation training with appropriate assistive device on level surfaces
- Stair training
- Instruction of hip precautions
- Education on the importance of ice .
- Discussion on goals for discharge from the hospital
- Review of the financial obligation for home ambulation device and raised toilet seat

Post –Operative Physical Therapy

Goals:

1. Demonstrate complete understanding of hip precautions
2. Demonstrate safe and independent transfers from bed and various surfaces
3. Demonstrate safe and independent ambulation with appropriate assistive device
4. Negotiate steps safely with assistive device
5. Demonstrate fair to good static and dynamic balance with appropriate assistive device.
6. Demonstrate home exercise program (HEP) accurately

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Day of Surgery:

- Pillow between legs to maintain proper position of operated lower extremity .
- Ice for 20 minutes every 1-2 hours
- Review total hip precautions
- Review and perform all bedside exercises which include ankle pumps, quadriceps sets, gluteal sets, and heel slides
- Sit at the edge of bed with necessary assistance
- Ambulate with standard walker up to 100' with moderate assistance.
- Sit in a chair for 15 minutes

POD #1

- Review hip precautions
- Continue as above with emphasis on increasing mobility, performing proper gait pattern and weight bearing status with an assistive device, decreasing pain and swelling, and promoting independence with functional activities while maintaining hip precautions
- Perform bed exercises Independently 5 times per day. Perform bed mobility and transfers with minimum assistance.
- Ambulate with standard walker 100 to 300 feet with contact guarding
- Ambulate to the bathroom and review toilet transfers
- Sit in a chair for 30 minutes twice per day, in addition to all meals

POD #2

- Continue as above
- Perform bed mobility and transfers with contact guarding
- Ambulate with appropriate assistive device 300 feet with supervision
- Negotiate 4 steps with necessary assistance
- Begin standing hip flexion and knee flexion exercises
- Sit in a chair for most of the day, including all meals (limit sitting to 45 minutes in a single session)
- Use bathroom with assistance for all toileting needs
- Demonstrate independence with hip precautions
- Perform HEP independently
- Majority of patients will be discharged home on POD #2

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POD #3

- Continue as above
- Perform bed mobility and transfers independently
- Ambulate with appropriate assistive device >300' with distant supervision
- Negotiate 4-8 steps with necessary assistance
- Continue to sit in chair for all meals and most of the day (be sure to stand and stretch your operated leg every 45 minutes).
- Demonstrate independence with hip precautions
- Perform HEP independently

Weeks 1 to 2:

Goals:

- Safe and independent use of crutches or walker.
- Independent with knowledge and maintenance of hip precautions.
- Daily performance of home exercise program. All exercises to be repeated 25x, 2-3 x/day.
- When wound completely healed, begin scar tissue massage.
- Improve involved lower extremity strength
- Improve static and dynamic balance to good-normal
- Maximize function in the home environment
- To shower independently
- Be independent with outdoor ambulation and negotiate curbs with appropriate assistive device

Exercises:

1. Quad sets- tighten knee muscles of outstretched leg by pushing the back of the knee into the bed, hold 5 seconds.
2. Gluteal sets- squeeze buttocks together, hold 5 seconds.
3. Heel slides- bend knee sliding knee towards buttocks, then slide heel back away from body.
4. Hip abduction & adduction- lay on back, slide straight leg out to side and back in, careful not to cross midline.
5. Short arc quads- put 6 inch towel roll under knee. Straighten lower leg until knee is fully extended and hold for 5 seconds. Then relax and slowly bend knee back to original position.
6. Long arc quads- seated, let legs bend to 90°, straighten lower leg until knee fully extended. Then relax and slowly bend knee down to original position.

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Weeks 2-6:

Goals:

- Wean cane as soon as able and safe. Maintain general hip precautions.

Exercises:

1. Stationary bike adjusted to not exceed 90° hip flexion. (When approved by MD)
2. Prone hip extension.
3. Mini squats.
4. Bridges.
5. SLR. (flexion & abduction)
6. Hip rotation (NO IR, ER to 30°)
7. Calf raises.
8. Standing hip abduction.
9. Standing hip extension.
10. Marching.

Weeks 6-12:

Goals:

- Ascend and descend stairs in a step over step fashion.

Exercises:

1. Aquatic Program:
 - a. Shallow water walking waist deep.
 - b. SLR in waist deep water (buoyancy assisted and resisted).
2. Hip abduction.
3. Hip extension.
4. Hip flexion to 90°.
5. Knee flexion & extension.
6. Deep well exercises (bicycle, cross country ski)
7. Activities
 - a. Golf when off 2 cane and steady, approximately 2-3 months.
 - b. Chip and putt approx. 2 months.
 - c. Driving approx. 3 months.
 - d. Cart recommended for first 4 months.