

Phase I (surgery to 4-6 weeks)



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REHABILITATION GUIDELINES FOR

TOTAL HIP ARTHROPLASTY ANTERIOR APPROACH

DATES:

F HASE I (SURGERY TO 4-0 WEEKS)	DAIES.
Appointments	 Start physical therapy 3-5 days post-surgery 2-3x per week
Rehabilitation Goals	 Follow ROM precautions set by MD Restore ROM as allowed by precautions Normalize gait pattern Progress strength for independent functional activities of daily living and mobility
Precautions	Anterior hip precautions x 4 weeks per Dr. Karch:
	 No active hip flexion past 90°, ER/IR past 30°, hip extension past 20° Avoid SLR, teach assisted transfers for affected leg. Avoid very low chairs Use a reacher or dressing aids to avoid hip flexion past 90 degrees No forward flexion with straight legs FOR A LIFETIME
Suggested Therapeutic Exercises	 Initiate weight bearing exercises: weight shifting and pre-gait exercises calf raises progress to balance and single leg exercises Progress movement through different planes of motion when the patient has good hip and quad control. ROM exercises: Assisted heel slide bent knee ER/IR SKTC 0-90° prone lying for hip extension Quadriceps exercises: quad set SAQ FAQ Mini dips or unloaded squats Gluteal exercises: Bridge Glut sets

	- hip extension/ABD
(Phase I continued) Cardiovascular Exercises	 Walking when gait mechanics are normalized Stationary bike with high seat prn watching for precautions
Progression Criteria	 Patient has good hip and knee muscular control to allow walking without assistive device for community distances. ~ full ROM as allowed per precautions

Phase II (6-12 weeks)	Dates:
PHASE II (U-12 WEEKS)	DATES.

Appointments	Continue physical therapy 2x/week decreasing to 1x/week prn
Rehabilitation Goals	 Up/down stairs without railing MMT generally 5/5 throughout hip Adequate ROM for ADL, gait and recreational activities Able to resume normal lifestyle without limitations or pain or weakness
Precautions	 Avoid overloading the hip flexors with anterior approach Watch for precautions with posterior approach
Suggested Therapeutic Exercises	 Progression of exercises per patient tolerance: Squats Lunges step downs resisted ABD and ER strength exercises light agility and progression of balance and cardiovascular exercises. Functional training for return to desired activities/recreation
Cardiovascular Exercises	Walking, stationary bike, elliptical, aquatic exercise
Progression Criteria	 Near 5/5 strength in all planes Good dynamic balance single and double leg Gait and ADL's independent without compensation.

Phase III (12+ weeks) Dates:

Appointments	Work towards discharge with decreased frequency of appointments.
Rehabilitation Goals	Patient able to resume normal lifestyle of work, ADL's and recreation.

	Patient independent with home program for strength, balance and cardiovascular exercise.
Precautions	No specific precautions (other than per Dr. Karch: no FF with SLR ever)
Suggested Therapeutic Exercises	 Progression of phase III exercises Higher level recreation/ADL/work specific exercises to meet patient goals and addressing areas of weakness
Cardiovascular Exercises	Stationary or road biking, swimming, elliptical.
Progression Criteria	 Patient able to independently perform ADL's Return to work Return to sport as appropriate.

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