

REHABILITATION GUIDELINES FOR TOTAL HIP ARTHROPLASTY ANTERIOR APPROACH

PHASE I (SURGERY TO 4-6 WEEKS)

DATES:

<p>Appointments</p>	<ul style="list-style-type: none"> • Start physical therapy 3-5 days post-surgery • 2-3x per week
<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> • 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
<p>Precautions</p>	<p>Anterior hip precautions x 4 weeks per Dr. Karch:</p> <ul style="list-style-type: none"> • 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
<p>Suggested Therapeutic Exercises</p>	<ul style="list-style-type: none"> • Initiate weight bearing exercises: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - Assisted heel slide - bent knee ER/IR - SKTC 0-90° - prone lying for hip extension • Quadriceps exercises: <ul style="list-style-type: none"> - quad set - SAQ - FAQ - Mini dips or unloaded squats • Gluteal exercises: <ul style="list-style-type: none"> - Bridge - Glut sets - hip extension/ABD

(Phase I continued) Cardiovascular Exercises	<ul style="list-style-type: none"> Walking when gait mechanics are normalized Stationary bike with high seat prn watching for precautions
Progression Criteria	<ul style="list-style-type: none"> 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:

Appointments	<ul style="list-style-type: none"> Continue physical therapy 2x/week decreasing to 1x/week prn
Rehabilitation Goals	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Avoid overloading the hip flexors with anterior approach Watch for precautions with posterior approach
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Progression of exercises per patient tolerance: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Walking, stationary bike, elliptical, aquatic exercise
Progression Criteria	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Work towards discharge with decreased frequency of appointments.
Rehabilitation Goals	<ul style="list-style-type: none"> Patient able to resume normal lifestyle of work, ADL's and recreation. Patient independent with home program for strength, balance and cardiovascular exercise.

Precautions	<ul style="list-style-type: none"> No specific precautions (other than per Dr. Karch: no FF with SLR ever)
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Progression of phase III exercises Higher level recreation/ADL/work specific exercises to meet patient goals and addressing areas of weakness
Cardiovascular Exercises	<ul style="list-style-type: none"> Stationary or road biking, swimming, elliptical.
Progression Criteria	<ul style="list-style-type: none"> Patient able to independently perform ADL's Return to work Return to sport as appropriate.

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