

REHABILITATION GUIDELINES FOR TOTAL HIP ARTHROPLASTY ANTERIOR APPROACH

PHASE I (SURGERY TO 4-6 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> Start outpatient physical therapy within 3-5 days of surgery date Outpatient PT 2 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> Restore ROM as allowed by precautions Normalize gait pattern Progress strength for independent functional activities of daily living and mobility
Precautions	<ul style="list-style-type: none"> WBAT unless otherwise specified in op report- wean from walker to crutches to cane; avoid torque or twisting forces Micro current dressing or wound vac to stay on (and dry) until first post op visit with PA at 2-3 weeks post op Observe for signs of DVT or infection No Impact sports / jumping x 12 weeks 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 standing hip flexion with knees in extension for 6 weeks and then no restrictions, unless noted in op report that patient has spinal reasons to continue with no forward flexion FOR THE LIFETIME Dr Williamson – NO COMBINED ER with Extension x 3 months <p>Posterior approach rarely necessary, but in the event of posterior approach, precautions x 6 weeks:</p> <ul style="list-style-type: none"> No hip flexion past 90 No adduction past mid line No internal rotation Use a Reacher or dressing aids to avoid hip flexion past 90
Suggested Therapeutic Exercises	<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.

	<ul style="list-style-type: none"> • ROM exercises: <ul style="list-style-type: none"> - Assisted heel slide - bent knee ER/IR - Single knee to chest 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 - hip extension/ABD: progress from standing to side-lying and prone-lying - Lateral steps - Clams: progress from supine to side lying
(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 (6-8 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> • Continue physical therapy 1-2 x week
Rehabilitation Goals	<ul style="list-style-type: none"> • Up/down stairs without railing • MMT generally 5/5 throughout hip • Adequate ROM for ADLs, 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.
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PHASE III (8+ 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 avoid impact and jumping x 12 weeks
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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MD name and date: Approved by MD

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