
Total Hip Arthroplasty Protocol

Acute: Physical therapy will be initiated the first day following surgery per doctor referral. Once initiated, patient will be seen daily and weekends as appropriate.

Consultation with case management and nursing will be done throughout patient's length of stay to coordinate patient needs and discharge plans. MD referral should include patient weight bearing status and any deviations from standard protocol.

Post-Operative Day 1:

Begin lower extremity THA exercise program, these include:

1. Ankle dorsiflexion/plantar flexion
2. Quad set
3. Hamstring set
4. Submaximal gluteal set
5. Short arc quad
6. Submaximal hip abduction
7. Heelslides
8. Long arc quad

Encourage the patient to perform these exercises every two to three hours while awake.

Begin assisted bed-to-chair transfers using an assistive device to a chair of appropriate height.

Weight bearing status is dependent upon physician specifications.

Discuss post-operative dislocation precautions/restrictions.

These include: 1. Avoiding flexion past 90°

2. Adduction past neutral
3. Excessive hip internal/external rotation
4. Avoid simultaneous/combination movements of the operative hip.

Precautions/restrictions should be followed for throughout their life.

Post-Operative Day 2-4:

Continue Day 1 exercise program.

Begin assisted ambulation on level surfaces using an assistive device, weight bearing status dependent upon doctor specifications.

Review dislocation precautions/restrictions.

Continue to work on transfers and bed mobility.

Post-Operative Day 4 - Discharge:

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- Continue comprehensive exercise program with emphasis on increasing hip range of motion and general muscle strength in the operative extremity.
 - Refine gait pattern and instruct in stair climbing as appropriate
 - Review home instructions/exercise program with emphasis on hip dislocation/precautions.

These include:

1. No sleeping on operative hip for 6 weeks
 2. Keep a pillow between your knees when lying on non-operative side.
 3. Avoid low, soft, contour type furniture.
- Finalize discharge plans. Patients may require an assistive device for ambulation, an elevated toilet seat, sock donner, long handled sponge and reacher, and follow-up physical therapy.

Outpatient Therapy

A comprehensive treatment program should be implemented based upon each individual patient's needs and within established therapy restrictions. Suggested PT treatment/activities are listed below.

Modalities for Pain Control and Edema Reduction:

- Moist heat
- Interferential
- Ice
- TENS
- FES (functional electrical stimulation)

Therapeutic Exercise:

- Passive, active-assisted, and active lower extremity ROM
- Closed Kinetic chain activities
- Stationary biking
- Lower extremity strengthening exercises using Theraband/weights
- Nustep (seated stepper)
- Scar massage/mobility - may be instituted after suture removal when the incision is clean and dry

Endurance Training:

- UBE
- Ambulation activities

Balance/Proprioception Training: Address previous history of falling

- Lateral stepping over/around objects

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- Obstacle course
 - Weight-shifting activities
 - Closed kinetic chain activities

Gait Training: Weight bearing progression as per MD specifications.

- Level surface
- Forward walking
- Sidestepping
- Retro walking
- Uneven surfaces

Functional Training:

- Standing activities
- Transfer activities
- Lifting
- Stair climbing