

Total Hip Arthroplasty – Posterior Approach

What patients do *OUTSIDE* of therapy has a greater impact on recovery than what is done *IN* therapy

Standard hip precautions – no extreme motions, no weighted squats

Unless otherwise directed by physician

Phase	Goals	Treatment
Pre-op	<ul style="list-style-type: none"> • Properly use assistive device for ambulation and stairs • Understand post-op precautions • Understand post-op rehab program 	<ul style="list-style-type: none"> • Global Lower extremity strengthening • Hip flexibility exercise • Cardiovascular exercise • Discuss hospital discharge planning
*Formal therapy not required but included when ordered by physician		
Day 0-2	<ul style="list-style-type: none"> • Safe gait with AD on stairs and level surface • Safe with all transfers and bed mobility • Independent in HEP • Schedule outpatient PT • Ensure patient has equipment needed for home • Pain and Edema management • WBAT 	<ul style="list-style-type: none"> • Transfers – car and bed • Ambulation and stair negotiation with AD • Compression and cold application • Supine isometrics and mobility exercises • Deep breathing exercises • Assisted leg raise for transfers • Review signs of infection and incision care
*OT consult before discharge		
Week 1-2	<ul style="list-style-type: none"> • Pain and Edema management • Restore range of motion within precautions • Progress strengthening • Transition to cane or no AD once able to perform non antalgic gait • No deep knee bends greater than 90 	<ul style="list-style-type: none"> • Compression and cold application • Mobility exercises within precaution • Gait Training – give guidance for walking distance, frequency and use of AD • Supine strengthening progress toward weight bearing as tolerated • Begin proprioception exercise
<p>Exercise may be advanced except when the following occur: decreased range of motion, increased swelling, increased pain, decreased ability to walk short distances</p> <p>*Outpatient OT consult</p>		
Week 2-6	<ul style="list-style-type: none"> • Pain and Edema management • Restore range of motion within precautions • Progress strengthening • Progress proprioceptive exercise • Normalize gait pattern without assistive device • No deep knee bends greater than 90 	<ul style="list-style-type: none"> • Compression and cold application • Continue mobility exercises within precautions • Gait Training – give guidance for gait quality, frequency and distance • Advance open and closed chain exercises – sit to stand progression, standing hip abduction, extension, flexion, step progression • Advance proprioception exercise
Week 6-12	<ul style="list-style-type: none"> • Pain and Edema management • Step over step stair negotiation • Symmetric gait pattern 	<ul style="list-style-type: none"> • Cold application as needed for pain and edema management • Advance of close chain – step progression (forward, lateral and backward step), eccentric step down, leg press, lunge progression, sit to stand and squat progression • Treadmill walking progression • Advance proprioceptive exercise
Week 12+	<ul style="list-style-type: none"> • Independent with HEP • Full range of motion • Return to recreational activities with emphasis on low impact 	<ul style="list-style-type: none"> • Avoid sports with repetitive jumping and acceleration or deceleration

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.