



TOTAL HIP ARTHROPLASTY POST-OPERATIVE GUIDELINES

Acute Care Phase (Week 1)

PRECAUTIONS

- Weight bearing as tolerated with assistive device until gait normalizes
- Avoid pillow under knee to prevent hip flexion contracture
- Avoid lying on operated side
- Use abduction pillow when lying on non-operative side for comfort
- Follow precautions/weight bearing status:
 - **Posterolateral approach: avoid hip flexion greater than 90°, adduction past mid-line, and internal rotation of hip past neutral until week 6**

TREATMENT RECOMMENDATIONS

- Therapeutic exercise:
 - quadriceps and gluteal isometrics
 - ankle pumps
 - seated knee extension
 - seated hip flexion (< 90°)
 - standing hip abduction,
 - standing knee flexion
- Transfer training: in and out of bed and sit to stand (e.g. chair, toilet)
- Gait training with appropriate device, progressing from rolling walker to cane/crutches when patient demonstrates adequate weight bearing
- Non-reciprocal stair training with assistive device
- Activities of daily living (ADL) training
- Cryotherapy and elevation of lower extremity to prevent swelling
- Initiate and emphasize importance of HEP

CRITERIA FOR ADVANCEMENT

- Transfers unassisted from supine to sit and sit to stand safely
- Ambulates safely with appropriate device on level surfaces and stairs
- Independent with HEP
- Discharge home within same day or up to 2 days post-operatively, when goals have been achieved and with surgeon clearance



TOTAL HIP ARTHROPLASTY POST-OPERATIVE GUIDELINES

Post-Operative Phase 1 (Weeks 2-6)

PRECAUTIONS

- Weight bearing as tolerated with assistive device until gait normalizes
- Follow precautions/weight bearing status:
 - **Posterolateral approach: avoid hip flexion greater than 90°, adduction past mid-line, and internal rotation of hip past neutral until week 6**
- Avoid reciprocal stair negotiation and ambulation without assistive device until non-antalgic gait is achieved
- Avoid irritating hip flexors with therapeutic exercises (e.g. straight leg raise flexion)
- Note that there is an increased risk of hip dislocation in patients with lumbar fusions

TREATMENT RECOMMENDATIONS

- Restore ROM through active motion and functional movements
- Multi-positional therapeutic exercise emphasizing strengthening of hip abductors, external rotators and extensors, knee and ankle
- Stretching of appropriate muscle groups including quadriceps, hamstrings, and hip adductors
- Upright bicycle, elliptical, treadmill as able
- Cryotherapy/elevation/modalities as needed for control of swelling
- Forward and lateral step up progression, step down progression (starting with 2-4 inches)
- Proprioception/balance training: progress bilateral dynamic activities to unilateral stance
- Gait training with focus on active hip flexion and extension, symmetrical weight bearing, and heel strike
- Improve AROM to allow for return to functional activities once precautions are lifted such as reaching to floor and donning/doffing shoes
- Hydrotherapy once incision has healed, if available

CRITERIA FOR ADVANCEMENT

- Ambulation on level surface with/without assistive device with normal gait pattern
- Sit to stand without compensatory motion
- Independent with ADL
- Independent with full HEP



TOTAL HIP ARTHROPLASTY POST-OPERATIVE GUIDELINES

Post-Operative Phase 2 (Weeks 7-12)

PRECAUTIONS

- Weight bearing as tolerated with assistive device until gait normalizes

TREATMENT RECOMMENDATIONS

- Progression of Phase 1 exercises
- Stretching of quadriceps, gluteals, hamstrings, hip adductors and other muscle groups, as appropriate
- Progressive resistance exercises of bilateral lower extremities
- Initiate leg press progression (double leg to single leg)
- Continue step progressions for strength and function
- Core strengthening
- Stationary bicycle, treadmill, elliptical
- Advance proprioception and balance exercise
- Address limitations in the kinetic chain for functional activities such as walking, squatting, stair climbing
- Hydrotherapy once incision has healed, if available

CRITERIA FOR DISCHARGE

- Lower extremity strength and ROM WFL
- Reciprocal stair climbing with good control
- Functional test measures within age appropriate parameters
- Independent with full HEP



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Post-Operative Phase 3 (Weeks 13+); If returning to sport

PRECAUTIONS

- Avoid high impacts

TREATMENT RECOMMENDATIONS

- Activity specific training
- Eccentric quadriceps control
- Progressive resistance exercises
- Low impact cardiovascular conditioning
- Low impact agility drills
- Dynamic balance activities
- Sports specific warm up and activities

CRITERIA FOR DISCHARGE

- No increase in pain or swelling with activity
- Symmetrical functional capacity on bilateral lower extremities
- Descend 8" step without pain or deviation
- Strength, ROM, flexibility throughout kinetic chain to meet sports specific demands
- Independent with full HEP