IDAHO SPORTS MEDICINE INSTITUTE™

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Total Hip Arthroplasty - PROTOCOL

Posterior Dislocation Precautions: Most likely there will not be any precautions. Will be determined per MD.

Anterior Dislocation Precautions: No hip extension or external rotation beyond neutral for 6 weeks.

Weight Bearing Precautions: WBAT to FWB or as specified by surgeon.

Days 1-4:

Goals:	1. Decrease pain and swelling 2. AMB 100 with AD including stairs 3. Verbalize understanding of precautions 4. Transfer in and out of car with min assist
Therapeutic Exercises:	1. Quad, HS and Glut sets 2. Heel Lift 3. Ankle Pumps 4. Heel Slides 5. PROM AAROM hip exercises 6. Observe hip dressing and wound 7. Observe for signs of DVT: swelling, erythema, calf pain 8. Observe signs of hip dislocation: Uncontrolled pain, leg length discrepancy or rotation of leg

Weeks 2-4:

Goals:	1. Improving hip range of motion and flexibility 2. Increase strength of pelvis/hip and endurance 3. Increase functional mobility and ADL's
Therapeutic Exercises:	Monitor Wound 1. Advance to standing exercises as patient is able 2. Standing hip flex, abduction (Ext to neutral with anterior approach.) 3. Squats with UE support 4. Heel Lifts 5. Balance, proprioception, weight shifts, closed chain activities (SKEWTS, foot to step) 6. Shuttle: double leg progress to single leg 7. Stationary bike: with precautions 8. Gait Training: Form walking with emphasis motor control in swing phase and mechanics in stance phase

Weeks 4-6:

Goals:	1. Ambulate without an assistive device 800' normal mechanics 2. Active hip ROM 0-110 degrees 3. Strength 4 to 4/5
Therapeutic Exercises:	1. Continue to address hip ROM within precaution parameters 2. Progress hip strengthening with closed and open chain resisted exercise 3. SLR and SAQ 4. Squatting, step-ups (front and lateral), sit to stand, 1/4 front lunge 5. Gait, balance and stability training: backwards, side-stepping, high knee

Weeks 7-12:

Goals:	1. 4/5 MMT throughout lower extremity 2. Non antalgic independent gait 3. Independent step-over-step stair climbing
Therapeutic Exercises:	Precautions removed but hip ROM not forced 1. Continued strengthening exercises including hip knee and trunk stability 2. Sidelying abduction program 3. Continued endurance program 4. Continued balance and proprioception activities