

Total Hip Arthroplasty Rehabilitation Protocol

Inpatient Stay

Direct Anterior Approach Precautions x 6 weeks

- Avoid Extension and External Rotation
- Avoid FABER position (Flexion, Abduction, External Rotation)
- No restrictions unless otherwise specified

Anterolateral Approach Precautions x 6 weeks

- Pillow between legs while sleeping
- No active abduction exercises
- No hip flexion > 90 degrees
- No extremes of rotation

Posterior Approach Precautions x 6 weeks

- Wedge pillow (abduction bolster) between legs while sleeping
- No adduction past neutral
- No flexion > 90 degrees
- No internal rotation
- Pillow under ankle, NOT under knee, keep foot of bed flat
- Ambulate with walker or crutches
 - Weight bearing as tolerated unless told otherwise
- Heel slides, AROM, AAROM with above restrictions
- Quad sets, Co-contractions quads/ham
- Short arc quads
- Ankle pumping

Discharge Criteria

To Rehabilitation Hospital

- Independent/minimum assist with bed mobility
- Ambulation with assistive device for 30 feet

To Home

- Independent bed mobility and transfers
- Able to safely negotiate home obstacles such as stairs and carpet
- Independent ambulation with assistive device for 300 feet
- Coordinate with Social Work Services to obtain home equipment:
 - Wheeled walker or crutches
 - Three-in-one commode or elevated seat
 - Reacher

Weeks 1 – 6

Reinforce precautions: NO active ABDUCTION if anterolateral approach

- Continue appropriate previous exercises and precautions
- Ambulate with walker or crutches
 - Weight bearing as tolerated unless told otherwise
- Short arc quads with up to 10#
- Sitting knee extension 90-0
- Weight shifts in parallel bars
- Double leg heel raises
- Total gym – mini squats 0-45 degrees
- Posterior approach only** – Active abductor strengthening in standing
 - Progress to abduction in side-lying
 - Add light weight when able to perform at least 25 repetitions

– Standing abduction with Theraband bilaterally
Stationary bicycle at week 4
Stretches – HS, AT, Hip Flexors, ITB

Goals

Hip ROM 0-90
Hybrid – Normal gait

Weeks 6 – 12

Ambulate WBAT – progress to cane and D/C when gait is WNL
D/C wedge pillow and pillow between legs at night
May use normal height toilet seat and put on own socks (teach patient)
Anterolateral Approach – Emphasize active abductor strengthening exercises
– Begin with abduction in standing
– Progress to abduction in side-lying
– Add light weight when able to perform at least 25 repetitions
– Standing abduction with TheraBand bilaterally
Lateral and retro walking in parallel bars
Forward, retro and lateral step ups/downs
Practice sit-to-stand without using hands
Leg press
Hamstring curls
Treadmill – Walking as tolerated
Elliptical trainer
Pool therapy

Goals

Symmetrical hip ROM
Normal gait if not already achieved
Resume all recreational activities – Encourage non-impact exercises

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