

TOTAL HIP ARTHROPLASTY PROTOCOL (POSTERIOR APPROACH)

4 TO 6 WEEK GOALS:

1. Walk without a limp or assistive device.
2. Stairs with a reciprocal pattern and NO railing to assist to ascend. Rail use ok to descend
3. Single leg stance \geq 10 seconds
4. Stand from chair without upper extremity assistance

D/C INSTRUCTIONS FROM THE HOSPITAL:

1. **Follow Strict Hip Precautions for 6 weeks**
 - a. No Flexing Hip $> 90^\circ$ (use an elevated toilet seat)
 - b. No crossing the legs at the knee or ankle (avoid lying on operative side; pillow b/t knees when lying on non-op side)
 - c. No Internal Rotation
2. **Follow Relaxed Hip Precautions from 6 weeks to 3 months. (AVOID COMBINATION MOVEMENTS)**
 - a. Do not combine any 2 of the above listed motions
3. **Gait: WBAT**
 - a. Ambulate with assistive device for 2 weeks. Progress to no A.D. when pt. is able to walk without pain or gait deviation
 - b. Limit walking to 10 min/hour for the first 1-2 weeks with **gradual progression** afterwards
4. Wear TED hose on both legs for 6 weeks during the day. Remove at bedtime.
5. Remove waterproof bandage 8 days post-op. If pt. has visible drainage from the incisional area at 8 days post-op, contact medical staff at (509) 946-1654.
6. NO WEIGHT MACHINES OR RESISTANCE ON CARDIO MACHINES FOR INITIAL 3 MONTHS
7. NO TREADMILL FOR INITIAL 6 WEEKS.
8. NO CUFF WEIGHTS OVER 2 LBS FOR INITIAL 6 WEEKS. DO NOT PROGRESS BEYOND 5 LBS FOR 3 MONTHS.

PHYSICAL THERAPY: 2x/week for 3 weeks, then 1X/week for 3weeks D/C at 6 weeks unless gait deviations persist

1. **Heat** prn before exercises and **ice** after.
2. **MASSAGE & TISSUE WORK:** may begin week 1 post-op:
 - a. Hip Flexors, IT Band, Adductors, Piriformis, and Gluteal muscles often exhibit adaptive shortening and spasms
 - b. **SCAR MASSAGE –INITIATE AT 3 WEEKS POST-OP!** The surgical scar and the soft tissue immediately surrounding this area tend to become adhered and extremely thickened if ignored. Aggressive, frequent tissue work in the clinic is often necessary. Patients should continue daily scar massage for 3 months.
3. **STRENGTHENING:** Focus on gluteals & hip rotators (abd/ER/ext) to eliminate limping and to prevent hip flexor overuse.
 - a. Side lying SLR- initiate by end of week 2.
 - b. Clams- initiate by beginning of week 3. Hips should be positioned at ≤ 45 degrees of flexion in order to avoid compensation by hip flexors and irritation of the anterior hip. Roll top hip slightly forward of bottom hip.
 - c. Bridging- AVOID full hip extension in order to prevent irritation of the surgical area.
 - d. **Open chain hip flexor strengthening tends to irritate the tendon. NO SUPINE SLR FOR 6 WEEKS POST-OP.**
 - e. Closed chain/functional hip flexor strengthening (such as wall squats, step-ups) is the preferred option.
4. **FLEXIBILITY:**
 - a. Hip Flexor Stretch: week 1 prone-lying ok, week 2 may begin prone hip flexor stretch
 - b. Long-sitting hamstring stretching. Begin @ 2 weeks post-op.
 - c. Anterior pelvic tilts — perform in sitting. Begin @ 2 weeks post-op.
 - d. Supine knee to chest stretch. May initiate @ week 6 -after strict hip precautions are D/C
 - e. Figure 4 stretch: May initiate @week 6 -after strict hip precautions are D/C

SPECIAL CONSIDERATIONS:

1. **Complaints of MID-THIGH PAIN WITH WEIGHT BEARING @ 3 WEEKS post-op. Contact Dr. Stanfield.**
2. If patient develops large **hematoma** at surgical hip (typically occurs in first 1-2 weeks as a result of overuse), stop all therapy and home exercises and contact Dr. Stanfield. Hematoma most commonly occurs around incision.
3. **DO NOT GIVE SHOE/HEEL LIFTS—** It is normal for patients to complain of feeling “uneven” after surgery. The surgeon will address this issue at the patient’s 6 week check-up.

PLEASE CALL US WITH ANY QUESTIONS (509) 371-4240

PHYSICIAN SIGNATURE: _____ DATE: _____