Call my assistant Cameron for appts, questions, concerns: 307-745-1409
Call 307-745-8851 for appts, questions, concerns after business hours

REHABILITATION GUIDELINES FOR ANTERIOR TOTAL HIP ARTHROPLASTY

General Post-Operative Guidelines

- *Dressing stays in place for 2 weeks unless grossly soiled, then can be changed at 1 weeks in sterile fashion*
- *Patient may shower at 2 days with waterproof bandage, no swimming soaks or baths for 6 weeks*
- *Limit SLR in the first 4-6 weeks*

PHASE I (*0-2 WEEKS*) DATES:

Appointments	• Physical therapy 2-3x/week, beginning 2-5 days post-op • MD appointment at 2 weeks
Rehabilitation Goals	• Protection of the postsurgical hip and incision • Pain control and swelling reduction • Initiate gentle, pain-free range of motion (ROM) • Independent movement with assistive device
Precautions	• WBAT with assistive device • Protect anterior hip soft tissues, no excessive hip extension beyond what is needed for normal gait
Suggested Therapeutic Exercises	Initiate gentle active assistive/passive ROM in all planes • Supine heel slide/leg press • Quad set • Hook-lying core instruction/stabilization • Hook-lying hip flexion • Partial double leg bridge • Standing Hip AROM • Heel raises • Mini squats • Gait training—lateral and stride stance weight shifts; forward/retro gait • Rhomberg and modified tandem balance
Cardiovascular Exercises	• STM/DTM/MFR as indicated • Scar mobilization once incisions is healed • Avoid long axis leg distraction

Progression Criteria	• Full hip ROM within precautions • Normal gait without assistive device • Sit to stand from chair with equal weight bearing and no upper extremity assist • Reciprocal gait ascending stairs with railing

PHASE II (*3-6 WEEKS*) DATES:

Appointments	1-2 visits every 4 weeks. PT discretion
Rehabilitation Goals	• Restore hip ROM within anterior hip precautions • Maintain pain control/patient comfort • Normalize gait. Patient may discontinue use of assistive device when able to ambulate without a • significant limp. • Muscle re-education and motor control of post-op leg • Incision management • Sit to stand from a chair with equal weight bearing and no upper extremity assist • Reciprocal gait ascending stairs with use of railing
Precautions	• Continue to avoid end-range extension and external rotation (ER)
Suggested Therapeutic Exercises	Continue AROM progression to strengthening • May swim when incision is fully healed • Bridge progression • Clamshell • Side lying hip abduction/adduction progression • Core stabilization progression • Forward step-ups/downs • Balance progression (tandem, foam, wobble board, SLS) • Squat progression • Dynamic gait progression (side stepping, tandem, low hurdles) • Cardiovascular training • Mobility training
Cardiovascular Exercises	• STM/DTM/MFR as indicated • Scar mobilization once incisions is healed • Avoid long axis leg distraction
Progression Criteria	• Improvement in ROM, muscle function and gait

PHASE III (7+ WEEKS) DATES:

Appointments	As indicated. Physician visits at 3 months, 6 months, and 1 year
Rehabilitation Goals	• Restore functional hip strength • Single leg balance with proper hip control • Proper control of the hip/leg with pain-free functional movements • Continue to address Trendelenburg gait • Return to full work and daily activities (high impact not recommended) • Emphasize importance of continued HEP performance
Precautions	• Avoid aggressive/forceful stretching of anterior hip capsule in passive, active and functional situations
Suggested Therapeutic Exercises	• Advanced balance training • Lateral step-ups (8−12”) • Functional training • Scar massage as needed • Advanced OKC/CKC hip abduction strengthening • Return to work/sport specific activities
Cardiovascular Exercises	• Normal activity