



ANTERIOR TOTAL HIP ARTHROPLASTY PROTOCOL

6 WEEK GOALS:

1. Walk without a limp or assistive device. We prefer patients use an assistive device rather than walk with a limp
2. Stairs with a reciprocal pattern and handrail for balance only
3. Single leg stance \geq 10 seconds
4. Stand from 17" chair without upper extremity assistance

D/C INSTRUCTIONS FROM THE HOSPITAL:

1. Control Swelling
 - a. **Ice** front and back of hip 30 min on/ 30 min off for 2 weeks. As needed afterwards. Make sure to protect the skin while performing these activities. (at least 6-8 x per day)
 - b. **Elevate** legs above your heart at least 30 min, 3x/day for 2 weeks.
 - c. **Limit walking and activity** to 5-15 min/hour for the first 1-2 weeks with **gradual progression** afterwards
 - d. Compression shorts, bike shorts, or Sheer Energy Panty Hose if swelling remains problematic.
2. Follow Anterior Hip Precautions for 6 weeks
 - a. **No lunges** for 6 weeks- excessive hip extension in weight bearing could result in dislocation. After 6 weeks, patients may perform lunges as long as motion is in the straight plane. Avoid combinations of motions such as extension with ab/adduction or hip rotation.
 - b. No passive hip flexion past 90 degrees x 6 weeks post-op
3. Gait – WBAT
 - a. Ambulate with assistive device for 2 weeks. Progress to cane and then no assist device when patient is able to walk without pain or gait deviation.
4. Wear TED hose on both legs for 4 weeks during the day. Remove at bedtime.
5. Keep surgical bandage on for 1 week after surgery. It is ok to shower with bandage on, just pat dry after finishing shower. Remove bandage 7 days after surgery, wash over incisions with antimicrobial soap and water, pat dry. Replace with new waterproof bandage and keep incision covered for an additional week after surgery.
6. No resistance on cardio machines for 6 weeks.
7. No treadmill for 6 weeks.

PHYSICAL THERAPY: 1-2x/week for 6 weeks

- Week 1:** Continue basic post op exercises. Add resistance free seated cardio machines to warm up. Progress from modified bridge to regular bridge. Initiate prone lying with glut sets and prone hip extension if able (make sure pubic bone stays pressed into the mat during hip extension, avoid hyperextension).
- Week 2:** Initiate seated anterior pelvic tilt stretch, long sit hamstring stretch, **knee to chest stretch (90 degrees only)**, butterfly stretch, prone quad/ rectus femoris stretch (all pain free). Add SL SLR with focus on rolling slightly anterior of lower greater troch so hip flexor is not activating. In standing, progress to SC if able and initiate stairs using the surgical leg.
- Week 3:** Begin the figure 4 stretch. Add clams with knees flexed less than 45 degrees and roll top hip slightly forward of bottom hip to prevent overuse of the hip flexor. Initiate deep tissue massage to the scar and surrounding tissue. Soft tissue surrounding this area tends to become adhered and extremely thickened if ignored. Scar massage should be continued by the patient daily for 3 months. Progress to higher level standing exercises as patient is able.
- Week 4-6:** Work on anterior soft tissue to ensure good hip extension/upright posture with ambulation (foam roll if able), strengthen the gluts, and focus on any remaining functional deficits as needed.



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Hip & Knee Replacement

SPECIAL CONSIDERATIONS:

1. May perform tissue mobilization to decrease swelling and prevent hypersensitivity.
2. Teach scar massage at 21 days post-op. (3 weeks). Recommend daily scar massage until 3 months post-op.
3. If patient complains of MID-THIGH PAIN WITH WEIGHT BEARING @ 3 WEEKS post-op, contact the surgeon's office.
4. 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 the surgeon's office. Hematoma most commonly occurs around incision.
5. **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

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