



Rick Davis, MD

Orthopedic Surgeon

Hip & Knee Replacement

POSTERIOR 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 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 Posterior Hip Precautions for 6 weeks
 - a. No Flexing Hip $> 90^\circ$ (use an elevated toilet seat)
 - b. No crossing the legs at the knee (avoid lying on operative side; keep pillow b/t knees when lying on non-operative side)
 - c. No Internal Rotation of the hip past neutral
3. Follow Relaxed Hip Precautions from 6 weeks to 3 months. (AVOID COMBINATION MOVEMENTS)
 - a. Do not combine any 2 of the above listed motions
4. Gait – WBAT
 - a. Ambulate with walker for the first 2 weeks. Progress to cane and then no assist device when patient is able to walk without pain or gait deviation.
5. Wear TED hose on both legs for 4 weeks during the day. Remove at bedtime.
6. 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.
7. No resistance on cardio machines for 6 weeks.
8. 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. Perform hip abduction in supine, clamshell in side-lying, and prone hip extension exercises. Standing weight shifting. Gait training.

Week 2: Perform weight bearing hip abduction and extension, progressing toward thera-band resistance, concentric step exercises. Gait training with progression to cane as able and initiate stairs using the surgical leg.

Week 3: Address limitation in muscle length of hip while following post op precautions. Progress to higher level standing exercises as patient is able. Initiate deep tissue massage to the scar and surrounding tissue. Scar massage should be continued by the patient daily for 3 months.

Week 4-6: Work on soft tissue to ensure good hip extension/upright posture with ambulation, strengthen the glutes, and focus on any remaining functional deficits as needed.



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SPECIAL CONSIDERATIONS:

1. May perform tissue mobs from the beginning 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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