Salina Regional Orthopedic Clinic
Salina Regional Health Center

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Total Hip Arthroplasty (Lateral Approach)

Rehab Protocol

GENERAL GUIDELINES

- The program will be individualized to the needs of the patients, specific pathology and pre/post-op condition. Patients non-compliant with home exercises will be treated in clinic three times per week. Rehabilitation will require ten to twenty visits.
- *Cemented hips* will generally be WBAT, progressing from walker to cane in a matter of weeks. Can use may be up to 6 months. Generally, these patients are older and will have had an underlying fracture or have significant osteoporosis. Can should be used in contra-lateral hand.
- *Non-cemented hips* (usually on younger THA patients) are protected weight bearing with a walker for 6 weeks. Wheelchairs should be used for long distances. The surgeon will prescribe weight bearing status.

Hip Precautions

- *Positional precautions:* no hip adduction past neutral, no hip internal rotation past neutral, and no hip flexion >90. Adhere to these principles for a minimum of 12 weeks until soft tissue stabilization has occurred; however, hip flexion may increase >90 at 6 weeks. Certain surgical approaches may have special precautions, surgeons will inform patient and therapist.
- *Abduction pillow (Optional or As Indicated by surgeon)* : use the abduction pillow for the first 4 weeks while resting or sleeping bed.
- *Bathroom:* use the elevated toilet seat at all times. Can be discontinued at 3rd month.
- *Assistive Devices:* Use ambulation devices (cane, walker, quad cane) as instructed by physical therapy. “Reacher” and “grabber” devices to be used for retrieving objects on floor or assist with socks or stockings. Long shoe horn to be used with loosely fitting shoes or loafers.
- *Transfers:* Bed to Chair: Avoid leaning forward to get out of chair to bed. Slide hips forward, then come to standing. The abduction motion is allowed for transferring as well are rotating torso to achieve safe transfer. Use someone to assist patient until patient demonstrates safe secure transfers.
    - Continue assistance until safe, secure transfers. **NOTE: Throw rugs should be moved out of bathrooms, kitchens when using assistive devices to ambulate**
- *Driving:* Usually at 6 weeks post-operatively. Please consult with surgeon before allowing to drive.

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General Goals:

- Short Term (Week 1)
  - Independent with exercises
  - Independent with ambulation with assistive devices as needed
    - Household distances
    - Even and uneven surfaces (stairs)
    - Weightbearing status determined by surgeon: generally WBAT
      - Exception:intra-operative fracture or severe osteoporosis
  - Independent with bed mobility and transfers
  - Independent with total hip precautions
- Long Term (Week 6) – Cemented; (Week 12)- Non-cemented
  - Range of motion within functional limits to allow independence with activities of daily living (ADL's) (e.g. dressing, bathing, transfers with adaptive equipment as needed)
- Sufficient strength to allow return to normal ADL's (e.g. driving, aerobic exercise, use of regular height commode)
- Independent ambulation
  - With assistive device as indicated
  - Without gait deviation
  - Household and community distances (1000')
  - On even and uneven surfaces

Therapeutic Phases

I. Preoperative

- Fit for walker and instruct in use
- Instruct in postoperative exercise program
- Instruct in total hip precautions

II. Postoperative

- Day 1-2 (Inpatient visit)
  - Transfer training (bed mobility, supine -> sit, sit-> stand)
  - Ambulation training with walker
  - Quad sets
  - Glute Sets
  - Ankle Pumps
  - Supine hip abduction/adduction (avoid going past neutral)
  - Review total hip precautions

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- Day 3-7
  - Continue previous exercises
  - Straight leg raises as tolerated
  - Heel Slides
  - Seated long arc quads, short arc quads
  - May also perform anterior capsule stretching of hip (to avoid hip flexion contracture) –similar to Thomas test position, flex the uninvolved hip to chest
  - Continue gait training with weight bearing as tolerated (and as approved by orthopedics) and progressing to can or independent ambulation when able to ambulate without Trendelenburg gait
- Day 7+ (Cemented THA); 6 weeks + (Non-cemented THA)
  - These are recommendations of safe exercises, patient does not have to perform every exercise listed
    - Advance with previous exercises
    - Basic closed chain exercises (when full weight bearing on involved extremity)
      - Concentrate on abduction to decrease/prevent Trendelenburg gait
      - Total Gym – Squats (0-45 knee flexion), toe raises
      - Standing mini-squats (0-45 knee flexion)
  - Bridging
  - Standing 3- way leg raises(Hip flex, abd, ext)
  - Standing knee flexion
  - Standing toe raises
  - Seated BAPS board
  - Hamstring Curl Machine (hip precautions)
  - Leg Extension Machine (hip precautions)
  - Stationary bicycle (seat high to maintain hip precautions)
  - Advanced to treadmill