

TOTAL HIP REPLACEMENT PROTOCOL - (posterior approach)

PRECAUTIONS – 6 WEEKS

- NO hip flexion >70°
- NO hip abduction >neutral
- NO hip internal rotation
- Weight bearing as tolerated with assistive device
- NO sitting for long periods of time
- Use toilet with raised seat for 3 months
- Use abduction wedge while sleeping or resting, up to 12 hrs
- Transfer to sound side
- Hip rotation should be limited:
 - AVOID excessive IR and FLEX >70°

IMMEDIATE POST-OP/ MAXIMUM PROTECTION PHASE (1-4 weeks):

- Hip FLEX to 70°
- Gait training (WBAT)
- ↑ hip ABD
- Strengthening hip extensors
- Isometric exercises in pain-free range (low intensity)
- Gentle massage

HOME EXERCISE PROGRAM (POST-OP)

- Glute sets
- Hip abduction, lying on back
- Ankle dorsiflexion, ankle pumps
- Heel slides
- Quad sets
- Short arc quad sets
- Hamstring sets, digging heel in
- Straight leg raise
- Hip adduction with roll between legs, squeezing

MODERATE PROTECTION PHASE (4 weeks):

- Weight bearing restrictions as per M.D.
- Progress AROM gradually and in protected range
 - NO hip FLEX >90°
 - ADD to neutral
- Open and closed chain exercises can begin
- Promote hip extension, by lying in prone if possible, to prevent a hip FLEX contracture
- 90° hip FLEX allowed
- May begin theraband strengthening

MINIMUM PROTECTION PHASE- (6 weeks)

- ↑ Hip EXT and ABD strength for ambulation
- PRE with light weight and high repetitions, no stress ER
- Bicycling to ↑ muscular endurance and general conditioning
- Transition to cane, if necessary
- Begin stretching and strengthening the glutes
- AVOID high-impact exercises

BE CAUTIOUS LONG TERM FOR COMBINED MOTIONS OF HIP FLEXION, INTERNAL ROTATION AND ADDUCTION

References:

Brotzman SB, Wilk KE. *Clinical Orthopaedic Rehabilitation*. 2nd ed. Philadelphia, PA: The Curtis Center; 2003.