Rehab 3®
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❒ Frisbie Memorial Hospital ❒ Marsh Brook Rehabilitation Service ❒ Wentworth-Douglass Hospital ❒ Durham: Rehab and Sports Therapy Center

Anterior Total Hip Arthroplasty Protocol

Post-op Weeks 2-6	Weeks 6-12
Initial Evaluation	**Evaluate**
➢ History of injury/ Premorbid activity level ➢ AROM/PROM ➢ Incisional integrity ➢ Inspect for infection/signs of DVT ➢ Strength ➢ Gait / mobility ➢ Assess functional expectations and/or RTW	➢ Range of Motion ➢ Gait pattern/ assistive device use ➢ Strength ➢ Balance ➢ Functional activities
Patient Education	**Patient Education**
➢ Compliance with post-op precautions • Incision care/ signs of DVT ➢ Discuss frequency and duration of treatment (2-3x/wk) ➢ Reinforce compliance of HEP	➢ Progression of HEP for higher level exercises including indoor and outdoor functional activities
Therapeutic Exercise	**Therapeutic Exercise**
➢ Begin patient with aquatic therapy if appropriate ➢ Begin upright, recumbent bike/nu-step ➢ Initiate isotonic exercise including leg press, heel raises, and hamstring curl ➢ Begin closed chain strengthening exercises as tolerated. ➢ Balance/ Proprioception	➢ Continue stretching program ➢ Continue with advancement of aquatic exercises as needed with resistance and /or buoyancy ➢ Advance closed chain strengthening exercises ➢ Continue cardiovascular program ➢ Advance balance/ proprioception activities to include uneven, outdoor surfaces
Gait Activities	**Gait Activities**
➢ Reinforce use of appropriate assistive device with normal gait pattern	➢ Gait training least restrictive or no device
Manual Techniques	**Manual Techniques**
➢ PROM/ AAROM. ➢ Stretch Quadriceps, ITB,TFL as needed ➢ Incisional/Soft tissue mobilization as appropriate	➢ Continue PROM/AROM if appropriate.
Goals	**Goals**
➢ Active range of motion WFLS. ➢ Independent ambulation with appropriate assistive device ➢ Minimize swelling and pain ➢ Independent with post-op THA precautions • No SLR, • Avoid Extremes of hip hyper-extension and external rotation. • Avoid crossing legs ➢ Fair+ muscle strength	➢ Full range of motion ➢ Independent ambulation with least restrictive assistive device including stairs ➢ Hip strength 4/4+/5 ➢ Normal incision mobility and hypersensitivity ➢ Average Single leg Balance ➢ Minimal effusion

Weeks 12-Discharge
Evaluate
➢ Gait pattern and assistive device use ➢ ROM ➢ Balance ➢ Strength ➢ Incision mobility
Patient Education
➢ Continue progression of HEP with discussion of continued fitness program
Therapeutic Exercise
➢ Advance to higher level strengthening exercises: ➢ Discontinue aquatic exercises ➢ Balance training progression • Tandem and single leg balance activities • Dynamic balance and gait exercise
Gait Training Activities
➢ Uneven surfaces ➢ Stairs: Reciprocal pattern with least restrictive device
Goals
➢ Full Range of motion ➢ Lower extremity strength 5-/5 ➢ Normal gait on all surfaces ➢ Independent with advanced home exercise program ➢ Return to work/ recreational activities

References

- Kuster MS. Exercise recommendations after total joint replacement a review of the current literature and proposal of scientifically based guidelines. Sports Med. 2002;32:433–445.

- Bremer AK. Soft-tissue changes in hip adbuctor muscles and tendons after total hip replacement: comparison between the direct anterior and the transgluteal approaches. J Bone Joint Surg Br. 2011;93(7):886-9.

- Vissers MM. Recovery of Physical Functioning After Total Hip Arthroplasty: Systematic Review and Meta-Analysis of the Literature. PHYS THER May 2011 91:615-629.

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