

Dr. Mark Gardner Physical Therapy Protocol

UPMC Parkside Orthopedics

Total Hip Arthroplasty (Posterior Approach)

DISCHARGE CRITERIA

- To Rehabilitation Hospital
 - Independent / minimum assist with bed mobility
 - Ambulation with assistive device for 30 feet
- To Home
 - Independent bed mobility and transfers
 - Able to safely negotiate home obstacles such as stairs and carpet
 - Independent ambulation with assistive device for 300 feet
 - Coordinate with Social Work Services to obtain home equipment:
 - o Wheeled walker, Three-in-one, Reacher

PRECAUTIONS X 6 WEEKS

- Wear TED Hose
- Sleep on back
- Pillow under ankle, NOT under knee, keep foot of bed flat
- Wedge pillow (abduction bolster) between legs while sleeping
- No Flexion > 90 degrees
- No Adduction past midline
- No Internal Rotation

POST-OP WEEKS 1 – 6

- Walker or crutches
 - Weight bearing as tolerated (WBAT)
 - Progress to cane and D/C when gait is normal
- Ankle pumping
- Heel slides, AROM, AAROM with above restrictions
- Quad sets, Co-contractions quads/hams
- Straight leg raise (SLR)
- Short arc quads with up to 10#
- Sitting knee extension (chair or mat) 90-0 degrees
- Weight shifts in parallel bars

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- Mini squats 0-45 degrees in parallel bars
- Forward, retro and lateral step downs (small step)
- Double leg heel raises
- Progressive abductor strengthening
 - In standing
 - Sidelying
 - Add light weight when able to perform 25 repetitions
 - In standing with Theraband, bilaterally

GOALS

- Protection
- Hip ROM 0-90 degrees

Weeks 6 - 9

- Cane as needed, D/C when gait is normal
- Continue to caution against hip flexion > 90 degrees
- Continue to sleep on back
- D/C pillow between legs while sleeping
- Continue appropriate previous exercises
- Lateral and retro walking in parallel bars
- Wall squats
- Hip machine x 4 bilaterally
- Single leg (stork) standing
- Single leg heel raises
- Stationary bicycle
- Treadmill – Walking progression program
- Pool therapy

GOAL

- Normal gait

WEEKS 9 - 12

- Continue appropriate previous exercises
- Hip flexion > 90 degrees
- Leg press (< 90 degrees hip flexion)
- Hamstring curl weight machine
- Knee extension weight machine
- Proprioception exercises as tolerated (age dependent)

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- Practice sit-to-stand without using hands
- Stair training
- Elliptical trainer
- Stretches – Hamstring, quads, hip flexors, ITB

GOALS

- Symmetrical hip ROM
- Walk x 20 minutes
- Stand from sitting without use of hands

Months 3 - 6

- Discontinue supervised PT
- Resume all recreational activities as tolerated
- Encourage non-impact activities

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Hip Precautions

FOR UP TO 6-8 WEEKS POST-OP

DO NOT:

- Sit in low, soft furniture because your hip will flex too much.
- Do not drive until cleared with your physician (usually 6 weeks post-op).
- Pivot on your operated leg.
- Sit too long (> ½ hour) and become overly fatigued.
- Take chances – be careful on uneven or wet ground.
- Squat, cross your legs or ankles – be careful when picking up objects and bending at the waist.
- Go on prolonged car rides – do stop frequently and stretch.

DO:

- Sleep on your back for 6 weeks with a pillow between your legs.
 - Use a walker or crutches bearing the amount of weight as instructed.
 - Use a raised toilet seat, reacher and shower seat.
 - Use TED hose for 6 weeks. If calf pain or swelling occurs, see your physician.
 - Sit on a stool to garden and use a long handled tool.
 - Keep housework light – no heavy lifting.
 - Take frequent, short walks and get adequate rest.
 - Continue your exercise program as directed by your physical therapist.
 - Maintain a balanced diet to avoid weight gain.
- **If you travel by air, tell the security guards that you had a hip replacement – you may**

set off the metal detectors. Pick up an "Implant Card" from Orthopaedic Specialists of North Carolina.

PERMANENT PRECAUTIONS:

- Avoid deep squatting.
 - Carry loads (such as briefcase, groceries, etc.) on side of operation.
 - Use caution when bending at the waist to pick up objects.
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- Do not play sports that involve repetitive jumping and acceleration/deceleration such as basketball, racquetball, and singles tennis. Walking, swimming, and bicycle riding are better.
 - Extended running is not advisable because of the stress on the implant-bone interface.
 - Repeated climbing or horseback riding may be harmful.

SPORT ACTIVITIES

**SPORTS NOT
CONTRAINDICATED
POSTOPERATIVE INITIATION
RETURN TO PREVIOUS
LEVEL OF ACTIVITY**

Swimming

Pool aquatic activity at 6 weeks if
wound healed

1 year

Bowling 3 months 6 months

Golfing

Chipping and putting – 3 months

Driving – 6 months

Ok to start at 6 months

Full activity at 1 year

Tennis Doubles 6 months 1 year

Snow Skiing

Greens/Blues

6 months

1 year

Horseback Riding 3-6 months if experienced 1 year

Bicycling

Stationary (at home) – 2 months

Outdoor – 3 months

1 year

SPORTS / ACTIVITIES NOT RECOMMENDED

Jogging / Running / Jumping

Basketball / Football / Baseball / Soccer / Volleyball

Waterskiing