

Total Hip Arthroplasty/Replacement

Post-Operative Rehabilitation Protocol

Lake Cook Orthopedics

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone a total hip replacement. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

General Instructions/Information:

Use pain medication when the hip hurts.

Take pain medication before doing exercises and apply ice to the hip after exercises.

Ice hip frequently – up to 30 minutes 2-3 times a day.

Antithrombotic compression stockings (TED hose) are recommended for 4 weeks.

Do **not** use heat or heat creams on the operative hip.

Do **not** use pain/anesthetic patches on the hip incision

Do **not** immerse the operative hip under water (no bathtubs/pools x6 weeks)

Do **not** drive until cleared to do so by the doctor (typically 3-6 weeks)

For Mini-Posterior Surgical Approach:

- Posterior hip precautions are recommended for 6 weeks to allow soft tissues to heal and prevent dislocation (These are common-sense restrictions and should not in any way scare the patient)
 - Avoid extreme flexion (i.e. bending over, tying shoes, getting up from low chair)
 - Avoid internal rotation (turning foot inward) – especially combined with flexion
 - Avoid adduction (crossing legs) – especially combined with flexion
- Patients can sleep as comfortable (suggest a pillow between knees when on side)
- External rotation (foot/ankle on contralateral knee) is permitted and progressively encouraged

For SuperPath Surgical Approach:

- No specific hip precautions but avoid extremes of motion for 6 weeks to allow soft tissues to heal
- Avoid repetitive hip flexion exercises (i.e. high-stepping, marching, straight leg raises)

- Refer to specific SuperPath rehab protocol

Physical Therapy/Rehabilitation:

General Guidelines

Weight Bearing as Tolerated (WBAT) unless otherwise instructed

Walker or crutches should be used until able to progress to a cane on advice of therapist (usually progressing to 1 cane/crutch within 1-3 weeks)

Change position at least once an hour, while awake, to avoid stiffness

Active participation in the rehab and diligent performance of prescribed exercises is absolutely essential for optimal outcome

Phase I – Immediate Postoperative Phase (days 1-10)

Goals:

1. Safe and independent use of walker. Progress to cane as appropriate.
2. Understand hip precautions and be slow and deliberate in movements. Discontinue hip abduction pillow if used.
3. Safe and independent transfers
4. Control of swelling, inflammation, bleeding and clotting risk

Exercises:

Quad sets
Gluteal sets
Heel slides
Laying supine abduction & adduction
Short-arc quads/knee extension
Seated long-arc quads/knee extension

Phase II – Intermediate Phase (weeks 2-6)

Goals:

1. Safe and independent use of cane. Wean cane as appropriate.
2. Continue hip precautions
3. Enhance muscular strength/endurance
4. Establish return to functional activities and normalize gait

Additional Exercises:

Mini squats
Calf raises
Straight leg raises (SLR)
Bridges
Standing hip abduction and extension
Marching
Low step-ups
Stationary bike

Phase III – Normalization Phase (weeks 6-12)

Goals:

1. Normalize gait – no limp
2. Discontinue hip precautions
3. Increase range of motion (put on shoes/socks easily, foot care)
4. Advance to Home Exercise program
5. Return to work

Additional Exercises:

Stretching (quads, hamstrings, psoas, IT band)
Cardio fitness
Laying side abduction
Balance and proprioception

Phase IV – Advanced Activity Phase (weeks 13+)

Goals:

1. Allow return to recreational sports (golf, tennis, swimming, etc.)
2. Maintain/Improve strength and endurance
3. Return to normal lifestyle

Continued Exercises:

Stretching (quads, hamstrings, psoas, IT band)
Laying side abduction (with resistance if able)
Cardio
Core
Weight training

*****Antibiotic Prophylaxis*****

It is **strongly** recommended that joint replacement patients take prophylactic antibiotics before any dental work, ear/nose/throat or other invasive procedures (GI scopes are excluded) to prevent normal body bacteria entering the bloodstream from reaching and attaching to the prosthetic joint causing serious infection. The surgeon recommends this for life. Most dental practices have protocols in place but the surgeon will be happy to write the prescriptions for these antibiotics and/or discuss with the treating doctor any concerns that may arise. **In addition**, seek medical treatment **immediately** for suspected urinary tract infections, skin infections (boils, etc) or other infections. If the replaced joint should ever become red, hot, swollen and painful suddenly and the patient is not on antibiotics, **DO NOT** let any doctor give antibiotics until consulting with the orthopedic surgeon (this may seriously complicate the treatment if the joint is found to be infected).