

## Total Hip Arthroplasty

**\*\*DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

**\*\*\*** Total hip precautions apply permanently. Patients should be taught to perform ADLs while staying w/in restrictions.**\*\*\***

HIP PRECAUTIONS:     1) No hip flexion > 90 degrees  
                              2) No horizontal adduction past midline  
                              3) No internal rotation past neutral (0 degrees)

### Phase I: 0-7 days post-operatively

Phase I initiated in acute and sub-acute care setting.

#### Goals for Phase I;

1. Independent bed mobility and transfers
  2. Independent ambulation with assistive gait device
  3. Independently complies with hip precautions
- A. Patient education: Patient instructed in hip precautions: No hip flexion past 90°, no hip internal rotation and no hip adduction
  - B. Transfer training: Work towards independence with supine to sit to stand, toilet transfers, tub transfers etc.
  - C. Gait training: Weight-bearing as tolerated with assistive gait device, progress towards independence with stair, curbs, ramps etc.
  - D. Strengthening: Begin with isometrics, supine hip abduction, heel slides, short arc quads etc., progress to PRE's and weight-bearing activities as tolerated
  - E. Soft tissue management: Wound monitoring, swelling control.
  - F. Modalities: Pain, inflammation, swelling control, and muscle re-education as needed.

### Phase II: 1 – 4 weeks post-operatively

Phase II initiated in the outpatient clinic, if necessary, after patient has been discharged from the hospital.

#### Goals for Phase II:

1. Independent ambulation
  2. Good strength
  3. Normal ADL's
- A. Gait training: Progressively discontinue use of assistive gait device, pt educated to use cane for distance ambulation
  - B. Strengthening: PRE's as tolerated, weight-bearing exercises etc.
  - C. Functional activities: Work towards normal ADL's (housework, lifting, stairs, etc.)
  - D. Soft tissue management: Wound monitoring, swelling control, scar massage
  - E. Modalities: Continue as needed

### Phase III: 4 weeks to release

Phase III is designed for the patient who has had complications or slow progress with Phase II. The patient will continue with activities from phase II as needed.