

# TOTAL HIP ARTHROPLASTY PROTOCOL

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**PRECAUTIONS** – for the first six (6) weeks

- No hip flexion beyond 90 degrees.
- No hip adduction beyond neutral. DO NOT cross legs.
- No hip internal rotation beyond neutral. Toes point out.
- Progress to full WBAT, start by using walker or crutches, progress to cane as tolerated.
- Raised toilet seat to be used for six (6) weeks.
- Recommend to raise the height of chairs.
- Use abduction wedge while sleeping/resting for 6 weeks.
- Transfer to the uninvolved lower extremity.

**IMMEDIATE POST-OP** – through the end of 4 weeks – MAXIMUM PROTECTION

- Increase hip abduction range of motion and strength
- Increase hip extension range of motion and strength
- Increase hip external rotation range of motion (Can begin to stretch hip to increase external rotation with hip in neutral at or after 2 weeks post-op).
- Increase knee and ankle range of motion and strength.
- Low-intensity isometric exercises in a pain-free range of motion.
- Gentle massage.
- Chest deep (75% body weight support) pool walking/exercise allowed at 3 weeks post-op.

Exercises to be included in Home Exercise Program

- Gluteal, quadriceps, hamstring isometrics.
- Hip abduction supine-lying or standing abduction and extension.
- Ankle pumps.
- Heel slides.
- Short arc quads, straight leg raises.
- Supine-lying external rotation.
- Walker or crutches until cleared by PT for cane usage.

**4-8 Weeks**

- Weight bearing to full with assistive devices only as needed.
- Allowed to go to 90 degrees hip flexion, avoid deep squats & reaching for objects on ground.
- Promote hip extension and prevent hip flexion contractures by introducing prone lying position and initiate hip extension and abduction in this position.
- May begin thera-band strengthening.

## **6 Weeks** (after postoperative day 42)

- Full weight bearing, transition to a cane.
- Discontinue abduction pillow at night, OK to sleep on uninvolved side with pillow between knees to maintain abduction.
- Increase hip extensor/abductor strength for ambulation.
- Use light weights with hip repetitions for PRE.
- Can begin to ride stationary bike at 6 weeks to improve muscular endurance and conditioning.

Horseback riding allowed at 10 weeks (dependent on patient): recommend getting on horse from the uninvolved side.

Golf/Cross country skiing allowed at 3 months. Downhill skiing allowed after 4 months: groomed slopes only. Patient to ski below normal level of challenge. Do not ski if you have not already done so at intermediate or higher level.

**No** high impact activities following THA. Running, jumping, high impact aerobics, & heavy labor are not recommended.

**STRONGLY RECOMMEND USE OF ANTIBIOTICS PRIOR TO ANY INVASIVE PROCEDURES, SUCH AS DENTAL PROCEDURE OR ENDOSCOPY FOR LIFETIME. PLEASE MENTION YOU HAVE AN ARTIFICIAL JOINT TO YOUR DOCTOR AND DENTIST.**