

REHABILITATION GUIDELINES
TOTAL HIP ARTHROPLASTY**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.

0-4 WEEKS POST-OP

DOS:

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 POST-OP

DATE:

- 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

DATE:

- 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.