

Jared T. Lee, MD

Hip, Knee, Shoulder & Sports Medicine Surgery

The Steadman Clinic – Aspen & Basalt

Practice Manager: Elizabeth Fioretti, M.Ed., LAT, ATC

Office: (970) 456-2798



TOTAL HIP ARTHROPLASTY REHABILITATION PROTOCOL

Phase	Restrictions	Therapeutic Exercises
Phase 1: Weeks 0-2 Goals: Reduce swelling and edema, minimize pain, retard muscle atrophy, improve pain-free ROM, DVT prevention, independent ambulation	<ul style="list-style-type: none">-WBAT-Ted hose to be worn at all times except hygiene and dressing for 14 days-Remove Aquacel dressing at 14 days s/p-No driving until d/c narcotics-Wean from crutches/walker as indicated	<ul style="list-style-type: none">-No anterior hip restrictions-Range of motion restoration-Active/active assisted/passive (A/AA/PROM)-Isometric quadriceps strengthening-Supine and seated exercises including ankle pumps, heel slides, hip internal and external rotation, long arc quads, seated hip flexion, and hip ad/abduction-Stationary biking without resistance-Core strengthening program-Stair and gait training-Modalities PRN-HEP
Phase 2: Weeks 3-6 Goals: Reduce swelling and edema, minimize pain, retard muscle atrophy, range of motion restoration, independent with ADLs	<ul style="list-style-type: none">-WBAT-No driving until d/c narcotics <p>Criteria for progression:</p> <ul style="list-style-type: none">-Normalized gait pattern-SLR 2x10 without quad lag-Minimal to no reactive pain and swelling with ADLs and PT exercises-Muscle activation and isolation are normalized	<ul style="list-style-type: none">-Progress exercise program-SL balance, step ups (fwd & side), prone HS curls, heel raises-Aquatic therapy once incision is healed (~4 weeks)-Can return to easy lap swimming – no flip turns, no breaststroke-Stationary bike or recumbent stepper with minimal resistance-Core strengthening program-Progressive hip strengthening in all planes-Progressive quadriceps, hamstring, and gluteal strengthening-Pelvic floor program-Address pelvic tilt and posture-HEP

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<p>Phase 3: Weeks 7-12</p> <p>Goals: Full range of motion, minimal pain, increase resistance exercises, normalize postural/pelvic and LE control with DL and SL activities</p>	<p>-Progress to strengthening exercises and functional tasks as appropriate pending no reaction pain or effusion</p> <p>-Increase aerobic conditioning/endurance related tasks monitoring reactive edema</p> <p>Criteria for discharge:</p> <p>-Surgeon clearance</p> <p>-Hamstring strength index >90% as compared to contralateral limb</p> <p>-Quadriceps strength index >90% compared to contralateral limb</p> <p>-Y-Balance anterior reach < 4cm</p> <p>-No complaints of pain or instability</p>	<p>-Wall squats, mini lunges, step-ups progress to single leg, step downs, 4-way hip, leg press with low resistance high reps, open chain knee exercises</p> <p>-Week 8: Full squat to at least 70 degrees, side steps with band, heel taps, resisted walking, advanced bridges, single leg exercises and balance progressions (unstable surface, ball toss, etc.)</p> <p>-Core strengthening program</p> <p>-LE strengthening tasks progressed to multi-planar movements emphasizing core stability and hip/knee control</p> <p>-Proprioception progression with variability of surfaces, perturbations, UE or trunk movements</p> <p>-Progression towards sport-specific tasks as indicated</p> <p>-Maintenance HEP</p> <p>-Functional progression including but not limited to:</p> <ul style="list-style-type: none"> • Cutting, crossover, carioca, etc. • Plyometric exercises as appropriate to patient goals: med ball work, sled drills • Agility drills: shuffles, ladder footwork, cone drills, z-cuts, w-cuts, multi-planar sport specific drills as indicated