Roidis Nikolaos, MD, PhD, DSc Senior Consultant Orthopaedic Surgeon 3rd Orthopaedic Department KAT Hospital

REVISION TOTAL HIP ARTHROPLASTY POSTERIOR APPROACH POST-SURGICAL REHABILITATION PROTOCOL

DISCHARGE CRITERIA

- To Rehabilitation Hospital
- Independent/minimum assist with bed mobility
- Ambulation with assistive device for 30 feet
- To Home
- Independent bed mobility and transfers
- Able to safely negotiate home obstacles such as stairs and carpet
- Independent ambulation with assistive device for 300 feet
- Coordinate with Social Work Services to obtain home equipment
- o Wheeled walker, Three-in-one, Reacher

PRECAUTIONS X 6 WEEKS

- No Hip Flexion > 60 degrees
- Wear TED Hose
- Sleep on back
- Pillow under ankle, NOT under knee, keep foot of bed flat
- Wedge pillow (abduction bolster) between legs while sleeping
- No Adduction past midline
- No Internal rotation

POST-OP WEEKS 1 – 6

- Walker or crutches flat foot weight bearing (FFWB) up to 20# pressure
- Ankle pumping
- Heel slides, AROM, AAROM with above restrictions
- Quad sets, Co-contractions quads/hamstring
- Short arc quads up to 10#
- Progressive abductor strengthening
- In standing
- Sidelying
- Add light weight in sidelying when able to perform 25 reps

GOALS

- Protection
- Hip ROM 0-60 degrees

Weeks 6 - 12

- Walker or crutches Partial weight bearing (PWB) up to 50%
- No hip flexion > 90 degrees
- Continue to sleep on back
- Continue pillow between legs while sleeping
- Continue appropriate previous exercises
- Straight leg raise (SLR)

- Hip abduction in standing with Theraband on involved side only
- Hip extension Standing or prone
- Sitting knee extension (chair or mat) 90-0 degrees
- Weight shifts in parallel bars
- Mini squats 0-45 degrees in parallel bars
- Double leg heel raises

GOAL

• Hip ROM 0-90 degrees

Months 3 - 4

- Walker or crutches
- WBAT
- Progress to cane and D/C when gait is WNL
- Hip flexion > 90 degrees
- Continue appropriate previous exercises
- Progressive abductor strengthening
- In standing with Theraband bilaterally
- Hip weight machine x 4 bilaterally
- Forward, retro and lateral walking in parallel bars
- Forward, retro and lateral step downs (small step)
- Wall squats
- Leg press (< 90 degrees hip flexion) up to ½ body weight
- Hamstring curl weight machine
- Knee extension weight machine
- Single leg (stork) standing
- Single leg heel raises
- Stationary bicycle
- Stretches Hamstring, quads, hip flexors, ITB

GOALS

- Symmetrical hip ROM
- Normal gait

Months 4 - 5

- Continue appropriate previous exercises with increasing resistance as tolerated
- Practice sit-to-stand without using hands
- Stair training
- Proprioception exercises as tolerated (age dependent)
- Treadmill Walking progression program
- Elliptical trainer
- Pool therapy

GOALS

- Walk x 20 minutes
- Stand from sitting without use of hands

Months 5 - 6

- Discontinue supervised PT
- Resume all recreational activities as tolerated
- Encourage non-impact activities
- See attached Precautions and Activities

ADAPTED FROM:

Mark Galland, MD Physical Therapy Section Kenneth Kirby, PT, DPT William Beaumont Army Medical Center