

**Roidis Nikolaos, MD, PhD, DSc**  
**Senior Consultant Orthopaedic Surgeon**  
**3<sup>rd</sup> Orthopaedic Department**  
**KAT Hospital**

## **TOTAL HIP ARTHROPLASTY LATERAL 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**

- Wear TED Hose
- Sleep on back
- Pillow under ankle, NOT under knee – keep foot of bed flat
- Pillow between legs while sleeping
- No active Abduction exercises
- No straight leg raise (SLR)
- No Flexion > 90 degrees
- No ER > 30 degrees
- No Extension > 30 degrees
- No Adduction past midline

### **POST-OP WEEKS 1 – 6**

- Walker or crutches
  - Weight bearing as tolerated (WBAT)
  - Progress to cane and D/C when gait is normal
- Ankle pumping
- Heel slides, AROM, AAROM with above restrictions
- Quad sets, Co-contractions quads/hamstrings
- Short arc quads up to 10#
- Sitting knee extension (chair or mat) 90-0 degrees
- Weight shifts in parallel bars
- Mini squats 0-45 degrees in parallel bars
- Forward, retro and lateral step downs (small step)
- Double leg heel raises
- Stationary bicycle at week 4

### **GOALS**

- Protection
- Hip ROM 0-90 degrees

## **Weeks 6 - 9**

- Cane as needed, D/C when gait is normal
- Continue to caution against hip flexion > 90 degrees
- Continue to sleep on back
- D/C pillow between legs while sleeping
- Continue appropriate previous exercises
- Progressive abductor strengthening
  - In standing
  - Sidelying
  - Add light weight in sidelying when able to perform 25 reps
  - In standing with Theraband, bilaterally
- Lateral and retro walking in parallel bars
- Forward, retro and lateral step downs (medium step)
- Wall squats
- Straight leg raise (SLR)
- Hip extension strengthening ex – Standing or prone
- Hamstring curl weight machine
- Knee extension weight machine
- Single leg (stork) standing
- Single leg heel raises
- Treadmill – Walking progression program
- Pool therapy

### **GOAL**

- Normal gait

## **WEEKS 9 - 12**

- Continue appropriate previous exercises
- Hip flexion > 90 degrees
- Hip machine x 4 bilaterally
- Leg press (< 90 degrees hip flexion)
- Proprioception exercises as tolerated (age dependent)
- Practice sit-to-stand without using hands
- Stair training
- Elliptical trainer
- Stretches – quads, HS, hip flexors, ITB

### **GOALS**

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

## **Months 3 - 6**

- Discontinue supervised PT
- Resume all recreational activities as tolerated
- Encourage non-impact activities

### **ADAPTED FROM:**

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