

Matthew A. Varacallo MD
Penn Highlands Healthcare – Orthopaedic Surgery & Sports Medicine
145 Hospital Avenue, Suite 301
DuBois, PA 15857
O: 814-375-6200
F: 814-375-6452

TOTAL HIP ARTHROPLASTY PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- **Total hip “positions to avoid” after surgery should be followed for 8 weeks and include:**
 - **Avoid deep hip flexion activities (i.e. hip flexion beyond 90 degrees)**
 - **Avoid crossing your legs**
 - **Avoid provocative positions of deep flexion, adduction, internal rotation of hip**
 - **Avoid sitting on low, soft surfaces (i.e. sitting in deep flexion to tie your shoes)**
- Patient will be weight bearing as tolerated with a rolling walking or other piece of medical equipment as seen fit by the surgeon. Patient may progress from a walker to a straight cane when they can demonstrate equal weight distribution, adequate balance, and limited Tredelenburg gait or limp.
- Patients may feel uneven in their gait, this is typically due to an adductor spasm and resolves over time.
- Driving is prohibited for the first 2 weeks or until off pain medication and walking without a cane.
- Patients will have staples or Steri-strips over their surgical incision. Staples will be removed at 10-14 post-operatively, then Steri-strips will be applied for 7 days. When the Steri-strips are removed at approximately 21 days post-op, begin scar massage.
- The patient may shower with a waterproof bandage but a shower stool or tub bench is recommended for the first 3 months. No soaking in the bathtub.
- Do not use weight machines until at least 3 months after your surgery.
- Patient will attend physical therapy 2-3x/week for the first 6 weeks or until patient returns to the surgeon.

TOTAL HIP ARTHROPLASTY PROTOCOL

PHASE 1: INITIAL PHASE

Weeks 1-3

- Walking at home for about 5 minutes every hour
- Bike for approximately 10 minutes
- Quad sets
- Glut sets
- Heel slides
- Supine hip abduction progress to side lying
- Short arc quad
- Modified bridges
- Clamshells
- Large arc quad
- Calf raises
- Heel raises
- HS curls
- Mini squats
- Step ups – only if patient is pain free with weight bearing

PHASE 2: INTERMEDIATE PHASE

Weeks 4-6

Continue with previous or modified versions of previous exercises, but may add:

- Progress ambulation from straight cane to no assistive device when patient can walk without a Tredenburg gait/limp
- Side lying abduction
- Marching
- Standing 4 way hip with theraband resistance
- Forward step ups – increase step height
- Lateral step ups – increase step height
- Single leg stance
- Wall sits
- Sit to stand without UE assistance
- Single knee to chest (at 6 weeks)

PHASE 3: ADVANCED PHASE

Week 7 – 3 months

Continue with previous or modified versions of previous exercises, but may add:

- Increase leg raise weight up to 5#
- Sidestepping with theraband resistance
- Walking program – start with ¼ mile and gradually increase
- Upper body weight machines
- For cardiovascular fitness – elliptical, walking outside or on a track, aquatic exercise, cycle. NO treadmill walking due to compression on the new joint.

PHASE 4: FINAL PHASE

3 months +

Continue with previous or modified versions of previous exercises, but may add:

- Begin using lower extremity weight machines
- Recommended activities – elliptical, cycle, walking, aquatic exercise, low impact aerobics, yoga, Tai Chi, Theraball exercises
- NOT recommended – running/jogging, high impact aerobics, jumping rope or plyometrics