OrthopedicSpecialists

Matthew D. Collard, D.O.

Worker's Compensation
Arthroscopy/Sports Medicine
Extremity Trauma
Joint Replacement Surgery

Anterior Total Hip Arthroplasty Rehabilitation Protocol

Total hip arthroplasty (THA) is an elective operative procedure to treat an arthritic hip. This procedure replaces your damaged hip joint with an artificial hip implant. Hip implants consist of a smooth ball on a stem that fits into your thigh bone (the femoral stem), and a metal socket with a smooth liner that is attached to your pelvis. Once in place, the artificial ball and socket function like your natural hip. There are several surgical approaches to hip replacement surgery, and each is effective. Your surgeon will determine which surgical approach is best for you. The goals of this surgery are to decrease pain, maximize function of ADLs, reduce functional impairments and maximize quality of life. This protocol applies to the routine primary total hip arthroplasty procedure. For a revision total hip arthroplasty additional limitations and/or precautions may apply.

Goals – Six Weeks Post-op:

1. Walk without a limp or list. *We prefer patients continue to use an assistive device until they no longer limp.*
2. Stairs with a reciprocal pattern without railing assist to ascend.
3. Single leg stance $\geq$ 10 seconds

Discharge Instructions from the Hospital:

1. Follow Anterior Hip Precautions.
    a. No lunges – Excessive hip extension in weightbearing could result in dislocation.
    b. No straight leg raises, heel slides or marching for 4-6 weeks.
    Pain-free progression after this period.
2. Gait
    a. WBAT
    b. Ambulate with assistive device for two weeks and progress to no assistive device when patient is able to ambulate without pain or gait deviation.
    c. Expectation is for patient to be discharged from physical therapy after three to four weeks with HEP including
    d. **IF PATIENT'S ARE HAVING MID-THIGH PAIN WITH WEIGHT BEARING AT THREE WEEKS, PLEASE CALL OUR OFFICE (314-909-1359).**
3. Limit walking to 10 mins/hour for the first 1-2 weeks with gradual progression afterwards.
4. NO WEIGHT MACHINES OR RESISTANCE ON CARDIO MACHINES FOR 3 MONTHS.
5. NO TREADMILL FOR 6 WEEKS.
6. NO CUFF WEIGHTS OVER 2 POUNDS FOR 6 WEEKS. DO NOT PROGESS BEYOND 5 POUNDS OR 3 MONTHS.

Physical Therapy:

1. The surgical positioning often produces significant discomfort in the anterior thigh and lumbar area. Apply heat when stiff, tight or before therapy; ice after exercise.
2. Massage is a very important part of the patient's recovery.
    a. Hip flexors, IT band, adductors, piriformis, and gluteal muscles often require tissue work.

    b. Begin scar massage at three weeks post-op.
3. Focus on the gluteal strengthening (abd/ER/ext) to eliminate limping and to prevent hip flexor overuse.
4. Limit open chain hip flexor strengthening because this tends to irritate the tendon. Closed chain/functional hip flexor strengthening (Eg: step ups) is a safer option.
5. Improving hip flexor mobility (to allow 0-10degree AROM hip extension) and restoring gluteal strength will help prevent overuse of the hip flexor muscles.
6. PAIN FREE hip flexor stretching:
    a. Prone-lying at one week post-op to restore hip extension to neutral (0 degrees)
    b. Modified hip flexor stretch: Leg hangs off side of table – at 3-4 weeks post-op.
    c. Prone hip flexor stretch at one to two weeks post-op.
    d. Thomas Stretch at 4 weeks post-op.
7. Patients often complain of feeling “uneven” after surgery. This is normal and will be addressed by Dr. Collard at their 6 week checkup. DO NOT GIVE SHOE LIFTS!

PLEASE CALL US WITH ANY QUESTIONS! (314) 909-1359