

The Orthopaedic and Fracture Clinic 1431 Premier Drive Mankato, MN 56001 507-386-6600

Dr. Allen Direct Anterior Total Hip Arthroplasty Post-Op Protocol

Phase I: Inpatient (1-2 days)

- -Typical post-op stay in the hospital is 1-2 days
- -Depending on your progress you may discharge to home or a TCU
- -You can bear full weight on your leg and walk immediately after surgery
- -Physical therapy &/or nursing will have you walking the day of surgery
- -A waterproof dressing is placed on the hip at the end of surgery
 - -You can shower post-op day 2-3 (occasionally before your discharge)
 - -No soaking the wound for 4-6 weeks
- -Aggressive cryotherapy (ice or cooling packs)
 - -Several times a day for the first few months
 - -This will help with pain control and swelling
- -A multi-modal pain regimen will be used to control your pain
 - -Scheduled NSAIDs & Tylenol
 - -Muscle relaxers
 - -Opioids for break through pain
- -Hip replacement and the subsequent therapy can be painful
- -Direct anterior approach allows for no motion restrictions
- -Adequate pain control in order to complete the exercises is crucial
- -Aspirin 81mg twice daily for DVT prophylaxis (30 days total)
- -Inpatient PT prior to discharge
 - -Safely transfer in and out of bed/chair

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- -Ambulate 50-100 feet
- -Safely ascend and descend stairs
- -Independently complete a SLR

Phase II: Immediate Post-Op (Discharge-2 weeks)

- -First post-op visit at 2 weeks
 - -Sutures will be removed at this visit if applicable
 - -Continue to cover wound until completely healed
- -Strengthening
 - -Quad sets, 4-way SLRs, heel slides, clamshells, hamstring sets
 - -Closed chain exercises: mini-squats, leg press
- -Gait training
 - -Treadmill, walking, stationary bike, step ups, retro-treadmill
- -Aggressive cryotherapy modalities for pain and swelling
- -Typically, 1 refill of post-op narcotic pain medicine is given if needed
 - -Additional refills and may be a different, less sedating narcotic

Phase III: Early Post-Op (2-6 weeks)

- -Second post-op visit at 6 weeks
- -Gait training
 - -Wean from assistive devices if able
- -Strengthening
 - -Advance with repetitions and weight
- -Proprioception



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- -Achieve independence with all self cares and ADLs
- -Aspirin 81mg twice daily for DVT prophylaxis (30 days total)

Phase IV: Late Post-Op (6-12 weeks)

- -Third post-op visit at 12 weeks
- -Normal gait
- -Cardio
 - -Swimming, biking, stair climber
- -Continue strengthening, balance, and function activities

Phase V: Return to Function (12+ weeks)

- -Return to normal function is between 2-4 months
- -Returning to work
 - -Desk work can often be resumed around week 6
 - -Physically demanding work may take 10-12 weeks before you are ready
- -Annual check-ups on anniversary of your surgery
- -Lifetime dental antibiotic prophylaxis recommended