



The Orthopaedic & Fracture Clinic

Total Hip Arthroplasty Protocol

Total hip arthroplasty precautions: to be followed for three months post op.

- Avoid hip flexion beyond 90 degrees.
- Avoid internal rotation of the lower extremity.
- Avoid sitting on low, soft surfaces.
- Avoid crossing midline of your body with your legs.
- Use a raised toilet seat (three months post op).

Weight-Bearing Status:

- Patient will be weight-bearing as tolerated with walker or crutches unless otherwise instructed by the physician.
- Patient may progress from walker to cane when able to demonstrate equal weight distribution, adequate balance, limited Trendelenburg gait, and no limp.

Driving:

- Driving is prohibited for the first six weeks or until off pain medication and walking without a cane.

Post Op Physician Follow-Up:

- Patient will follow up at 10 to 14 days post operatively with the physician for staple removal and recheck. If excessive drainage, temperature of 100.5° or higher, purulent drainage, and/or odor is noted from the incision, then contact the OFC.

Exercises:

Phase I (One – Three Weeks Post Op)

- Quad sets.
- Glut sets.
- Heel slides, hip flexion/extension, supine hip abduction.
- Short arc quads.
- Modified bridges.
- Long arc quad.

- Standing heel raises, hamstring curl, marching.
- Mini squats (0 to 40 degrees).

Phase II (Four – Six Weeks Post Op)

- Continue with previous exercises adding weights to quadriceps activities.
- Progress ambulation from cane to no assistive device when patient can walk without a Trendelenburg gait or limp.
- Standing hip abduction and extension.
- Forward step ups.
- Single leg stance balance.
- Partial squats to progress to chair sit to stand without upper extremity assist.
- Balance and gait drills.

Phase III (7 – 12 Weeks Post Op)

- Continue previous exercises increasing weight where indicated.
- Side-lying abduction.
- Walking program, biking, elliptical, aquatic program.