

Total Hip Arthroplasty and Hip Resurfacing Rehabilitation Protocol

DOS

- All patients participate in a comprehensive joint program protocol which addresses pre- and post-operative pain control and rehabilitation. Patients are in private rooms in an area of the hospital dedicated to joint replacement. In hospital, rehab takes place in this area in a comfortable setting for patients and family. All patients have received a spinal anesthetic and no PCA pump. They have received a pre-operative narcotics, Tylenol, Anti-emetic, Coumadin, antibiotic, and an NSAID. They will be out of bed ambulating or sitting in a chair the day of surgery. Expectations: Most patients will use little narcotic after POD #2 and will ambulate with assistance and discharged on POD #1 or #2 with a few patients discharged on POD #3.

POD #1- #3

- OOB to chair twice a day.
 - Initiate teaching protocol of THA restrictions and positions of risk.
 - Walker ambulation Partial WB 30-80 lbs. with press fit femur, WBAT with cemented femur, advance to crutches as able.
 - Ankle pumps, Knee ROM, Quad sets
 - Initiate stair climbing instructions.
 - Hip ROM is very important.
- **** Hip flexion to 100°, ER gently as tolerated to 45°, NO IR.
- **** May begin active abduction and SLR as tolerated.
- Anticipate D/C from hospital around day 1 or 2 with some discharged to rehab centers on day 3. Prior to discharge, patient should demonstrate full understanding of positions of risk and how to avoid them during dressing, hygiene, toilet use, and chair, sofa and automobile use.
- **** Patient should have O.T. eval. for home aids (reachers, graspers, toilet risers).

POD #5-#28

- Continue weight bearing status as above with crutches or walker;
- Continue home program of hip, knee and ankle ROM, quad sets, abduction and SLR.

Week 4-6

- WB advancement from 30 lbs. to full weight bearing over a 3 week period.
- Advance to one crutch or cane as ordered by MD.

- Initiate stationary bicycle: Goal 15-20 minutes every day. **** Avoid low seat height ****

Week 6-8

- Advance to unprotected WB if no limp. If limp present, use cane for two additional weeks.
- Gait retraining to abolish limp if present.
- Walking program for abductor strengthening.
- Continue stationary bicycle program.
- Specific abductor program if limp present.

Week 8-12

- Discharge to home program.

Dislocation is less of an issue though still a concern. I encourage range of motion in flexion and external rotation up to 45° and flexion to 120° by week 8. May reach down to tie shoes with foot on a small step and with knees apart after week 3.

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