

Total Hip Arthroplasty/Direct Anterior Surgical Approach

Dislocation Precautions: No strenuous external rotation and extension.
Weight lifting restrictions: 20 lbs.

Phase I (1 – 5 days post-op.)

- Wound care: Observe for signs of infection.
- Observe for signs of DVT (Homan's) or dislocation.
- Modalities PRN for pain or inflammation (ice, IFC)
- Edema: Cryotherapy following P.T. Elevation. Compression stockings (TED hose) must be worn until patient exhibits independent, normal gait. May remove TED hose at night.
- Gait: Ambulation with walker or 2 crutches on flat surfaces only with weight bearing as tolerated unless specified by M.D.
- ROM: AROM/AAROM/PROM: Knee and hip within dislocation precautions.
- Strengthening: Isometric quadriceps, hamstrings, and gluteal exercises. Closed chain exercises with bilateral upper extremity support, while observing weight bearing restrictions, if any.

Phase II (5 days – 4 weeks post-op.)

- Continue to observe for signs of infection. Begin scar management techniques when incision is closed.
- Modalities: Continue PRN
- Edema: Cryotherapy following P.T.. Elevation. Compression stockings (TED hose) must be worn until patient exhibits independent, normal gait. May remove TED hose at night.
- Gait: Based on post-op. WB status
 - If WBAT to FWB, may wean to one cane at 1 week post-op.
 - If PWB and no assistive device were used preoperatively, wean off assistive device by 2-6 weeks, if muscle performance is sufficient.
- Balance/Proprioception training: Weight-shifting activities.
- ROM: AROM, AAROM, PROM: Knee and hip within dislocation precautions.
- Strengthening: Continue isometric quadriceps, hamstrings and gluteal exercises. Stationary cycle or stepper, closed chain exercises and progressive resistance exercises, weeks 3-4.

Phase III (4 weeks – 10 weeks post-op.)

- Wound: Continue scar mobilizations.
- Modalities: Continue PRN
- Edema: Cryotherapy post therapy
- Gait: Normalize gait pattern.
 - o If no assistive device was used preoperatively and muscle performance is sufficient, progress to ambulation without an assistive device by 4-6 weeks.
 - o If assistive device was used preoperatively or muscle performance is insufficient, continue with appropriate assistive device.
- ROM: AROM, AAROM, PROM: Knee and hip within dislocation precautions. Hip extensors may be stretched into extension at 6 weeks.
- Strengthening: Increase resistance of closed chain exercises.
 - o Forward and lateral step up/down
 - o 3-way SLR (exclude prone extension)
 - o 1/4 front lunge
 - o Sit to stand chair exercises
 - o Sidestepping and backwards ambulation
 - o Ambulation on uneven surfaces
 - o Balance/Proprioception: Progress to single leg balance challenges
 - o Lifting/carrying: Can lift up to 20 lbs. from floor.
 - o Pushing or pulling
 - o Return to work tasks
 - o Aquatic program if incision is completely healed
 - o Possible RTW with physician's restrictions
 - o Progress HEP or fitness center exercise routine

Phase IV (10+ weeks post-op.)

Progress exercise resistance, repetitions and duration for return to specific work tasks and/or recreational sports.

- 1) The Brigham and Women's Hospital, Inc., Department of Rehabilitation Services; 2011.
- 2) Brotzman, SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2nd Ed. Philadelphia: Mosby; 2003.