

Posterior Lateral Total Hip Arthroplasty Protocol

Post-op Weeks 2-4	Weeks 4-8
Initial Evaluation	Evaluate
<ul style="list-style-type: none"> ➤ History of injury/ Premorbid activity level ➤ AROM/PROM ➤ Incisional integrity ➤ Inspect for infection/signs of DVT ➤ Strength ➤ Gait / mobility ➤ Assess functional expectations and/or RTW 	<ul style="list-style-type: none"> ➤ Range of Motion ➤ Gait pattern/ assistive device use ➤ Strength ➤ Balance ➤ Functional activities
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Compliance with post-op precautions <ul style="list-style-type: none"> • Incision care/ signs of DVT ➤ Discuss frequency and duration of treatment (2-3x/week) ➤ Reinforce compliance of HEP ➤ Orient to pool program if appropriate 	<ul style="list-style-type: none"> ➤ Progression of HEP for higher level exercises including indoor and outdoor functional activities
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Begin patient with aquatic therapy if appropriate ➤ Begin upright, recumbent bike/nu-step within precautionary ROM ➤ Initiate isotonic exercise including leg press, heel raises, and hamstring curl within precautionary ROM ➤ Begin closed chain strengthening exercises as tolerated. ➤ Balance/ Proprioception 	<ul style="list-style-type: none"> ➤ Continue stretching program ➤ Continue with advancement of aquatic exercises as needed with resistance and /or buoyancy ➤ Advance closed chain strengthening exercises ➤ Continue cardiovascular program ➤ Advance balance/ proprioception activities to include uneven, outdoor surfaces if appropriate
Gait Activities	Gait Activities
<ul style="list-style-type: none"> ➤ Reinforce use of appropriate assistive device with normal gait pattern 	<ul style="list-style-type: none"> ➤ Gait training least restrictive or no device ➤ Reciprocal stair training with least restrictive or no device
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ PROM/ AAROM. ➤ Stretch/Lengthen Quadriceps, Hip Flexors, Adductors as needed ➤ Incisional/Soft tissue mobilization as appropriate 	<ul style="list-style-type: none"> ➤ Continue PROM/AROM if appropriate.

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Post-op Weeks 2-4 (continued)	Weeks 4-8 (continued)
Goals	Goals
<ul style="list-style-type: none"> ➤ Active range of motion <ul style="list-style-type: none"> • Flexion 90 degrees • Abduction 25 degrees • Extension 5 degrees ➤ Independent ambulation with appropriate assistive device ➤ Minimize swelling and pain ➤ Independent with post-op THA precautions <ul style="list-style-type: none"> • Avoid hip flexion past 90 degrees • Avoid Internal rotation of lower extremity • Avoid crossing legs ➤ Fair+ muscle strength 	<ul style="list-style-type: none"> ➤ Full range of motion within precautions ➤ Independent ambulation with least restrictive assistive device including stairs ➤ Hip strength 4/5 ➤ Normal incision mobility and hypersensitivity ➤ Average Single leg Balance ➤ Minimal effusion

Weeks 8-12 weeks/Discharge
Evaluate
<ul style="list-style-type: none"> ➤ Gait pattern and assistive device use ➤ ROM ➤ Balance ➤ Strength ➤ Incision mobility
Patient Education
<ul style="list-style-type: none"> ➤ Continue progression of HEP with discussion of continued fitness program
Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Advance to higher level strengthening exercises: ➤ Discontinue aquatic exercises ➤ Balance training progression <ul style="list-style-type: none"> • Tandem and single leg balance activities • Dynamic balance and gait exercise
Gait Training Activities
<ul style="list-style-type: none"> ➤ Uneven surfaces ➤ Stairs: Reciprocal pattern with least restrictive device
Goals
<ul style="list-style-type: none"> ➤ Full Range of motion ➤ Lower extremity strength 4+/5-/5 ➤ Normal gait on all surfaces ➤ Independent with advanced home exercise program ➤ Return to work/ recreational activities



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REFERENCES:

- Villalta and Peiris: Early Aquatic Physical Therapy Improves Function and Does Not Increase Risk of Wound-Related Adverse Events for Adults After Orthopedic Surgery: A Systematic Review and Meta-Analysis. Archives of Physical Medicine and Rehabilitation, 2013.
- Liebs, Herzberg, Ruther, Haasters, Russlies, and Hassenpflug; Multicenter Arthroplasty Aftercare Project. Multicenter randomized controlled trial comparing early versus late aquatic therapy after total hip or knee arthroplasty, 2012.

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