

TOTAL HIP ARTHROPLASY PROTOCOL

Please note: This general rehabilitation protocol is created to simply be used as a guideline. Specific treatment of a patient should be based on individual needs and the medical care deemed necessary by the treating physician and therapists.

Rehabilitation Final Objective Goals:

1. Management of pain and swelling.
 2. AROM: Hip flexion to 105 degrees, abduction to 45 degrees, external rotation to 45 degrees and extension to 10 degrees.
 3. MMT of 4+/5 to 5/5 for hip musculature.
 4. Quality gait cycle without Trendelenburg pattern.
 5. Good eccentric motor control of involved lower extremity.
 6. Assistive device as required based on safety, balance and quality of gait.
 7. Definitive patient education on any remaining precautions and/or Home Exercise Program.
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Rehabilitation Final Functional Goals:

(These goals can vary greatly and should be individualized at time of initial evaluation; they can be based on patient's prior level of function, overall medical history, restrictions and precautions and the patient's specific goals. Here are some general functional goals. Most patients will have a return to recreation goal(s).)

1. Patient independent with sit to stand transfer from standard chair with no arm supports.
 2. Patient able to get in and out of a car independently.
 3. Patient able to ascend and descend standard ramps with or without assistive device, independently.
 4. Patient able to walk 1/2 mile, with or without assistive device, independently.
 5. Patient able to ascend and descend 12 steps (8" step) with one rail, independently.
 6. Patient able to pick an object from off the floor with consideration to hip precautions, independently.
 7. Patient able to step on and off a curb (6" curb) with or without assistive device, independently.
 8. Patient able to put socks and shoes on independently.
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General Considerations:

1. Start the rehabilitation process as early possible based on physician's order.
2. Ensure the patient's pain is being managed and if not, communicate with referring physician.
3. Ensure patient has an understanding and is compliant with his/her anticoagulation medication(s) as prescribed by the physician.
4. At time of initial evaluation and ongoing always evaluate for signs and symptoms of infection and/or DVT's.
5. At time of initial evaluation and ongoing always evaluate for distal pulses.
6. Providers should be vigilant in this evaluation process and quick to contact physician or refer to emergency department if provider feels an infection, arterial occlusion and/or DVT is present.
7. **At patient's pre-op and first post-op visit review and teach the necessary hip precautions, as prescribed by physician. Cemented vs. cementless and/or surgical approach, can greatly vary hip precautions.**
8. Ensure patient's vitals are stable.
9. Until permitted by physician, educate patient not to soak new incision in the tub or pool.
10. Encourage patient to be compliant with the overall rehabilitation process.



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|---------|---------|---------|---------|---------|----------|-----------|
| Post-Op | 0-2 wks | 2-4 wks | 4-6 wks | 6-8 wks | 8-10 wks | 10-12 wks |
|---------|---------|---------|---------|---------|----------|-----------|

based on individual needs and the medical care deemed necessary by the treating physician and therapists.

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|---|---|--|--|---|--|--|
| Modalities: Pain/edema management | Cryo IFC K-Tape | MH/Cryo IFC K-Tape | PRN | PRN | PRN | PRN |
| A/AA/PROM: May vary based on physician's restrictions | Flexion to 90° IR to 0° Add to 0° Abd to 25° ER to 15° | Flexion – based on hip precautions IR/ADD to 0° Abd to 35° Ext to 5° ER to 30° | Flexion – based on hip precautions IR/ADD to 0° Abd to 45° Ext to 10° ER to 45° | Per physician's orders | Per physician's orders | Per physician's orders |
| Isometric Ex: Quad sets Ham sets Glut sets Abd/Add sets | Begin as early as possible based on physician's orders | Advancing hold times and reps <hr/> Complete in lying and standing | Advancing hold times and reps <hr/> Complete in lying and standing | Advancing hold times and reps <hr/> Complete in lying and standing | Advancing hold times and reps <hr/> Complete in lying and standing | Advancing hold times and reps <hr/> Complete in lying and standing |
| Isotonic Ex: Heel slides: Flexion and Abd. SAQ LAQ | Begin as early as possible based on physician's orders | Addition of SLR, sideling ABD, bridges, along with prone hip extensions. Addition of standing hip Abd, extension and marching. | Advancing weights and reps. | Advancing weights and reps. | Advancing weights and reps. | Advancing weights and reps. |
| PRE's/Machines | | Light PRE's if tolerated. Bike – Not to exceed 90° hip flexion | Leg press Hip Machine – No Adduction. | Advance PRE's and machine resistance to Pt's tolerance and within hip precautions | Advance PRE's and machine resistance to Pt's tolerance and within hip precautions | Advance PRE's and machine resistance to Pt's tolerance and within hip precautions |
| Closed Chain- | Heel toe raises Mini squats | Forward/Lateral step-ups | Advance step height Wall sits Advance squats. | Cont. to advance closed chain exercise | Cont. to advance closed chain exercise | Cont. to advance closed chain exercise |
| Conditioning | UBE | Bike- Not to exceed 90° hip flexion. UBE | Bike- Precautions Treadmill UBE | Bike- Precautions Treadmill Elliptical Swimming Other(s) | Bike- Precautions Treadmill Elliptical Swimming Other(s) | Bike-Precautions Treadmill Elliptical Swimming Other(s) |
| Gait/A-Device: WBAT, unless ordered differently by physician. Stairs | WW- Emphasis on heel toe gait cycle and normal gait width. <hr/> Step to Step Approach with rails | Weaning from WW to cane. Working to increase to normal stride. <hr/> | Weaning from A- devices but emphasis on quality of gait <hr/> Progress to - step over step approach with rails | Increase speed of gait. Uneven surfaces Different footwear <hr/> Weaning from rails | Cont. Gait and stair training. | Cont. Gait and stair training. |
| Balance | Multi-directional wt. shifts | Single leg stance, with UE support. | Single leg stance, progress to foam. Rocker board | Side stepping Backward walks Low light Quick turns | Advance balance challenges | Advance balance challenges |

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1-877-353-4704

5 Convenient Locations:

- ITT West – Shelly Drive
- ITT at HMI – 120 Hospital Drive
 - ITT Homer City
 - ITT Blairsville
- BCC at ITT West – Shelly Drive

www.IndianaTotalTherapy.com