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## TOTAL HIP ARTHROPLASTY (THA) PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- **Total hip *precautions* for up to 3 months after surgery include:**
  - **Forced hip flexion past 90°**
  - **Excessive rotation of the hip, but allowed to cross-legs to put on shoes and socks**
  - **Prolonged crossing of the legs past midline**
  - **Sitting on low, soft surfaces- causing excessive hip flexion to get up.**
- Patient will be weight bearing as tolerated with a rolling walker or other piece of medical equipment as seen fit by the therapist. Patient may progress from a walker to a straight cane when they can demonstrate equal weight distribution, adequate balance, and limited Tredelenburg gait or limp.
- Patients may feel uneven in their gait. This is typically due to an adductor spasm and correction in leg length during surgery. This should resolve over time.
- Driving is prohibited for the first 4-6 weeks with right THA. Must be off narcotic pain medication and walking without a cane. Can be sooner for left THA, per surgeon release.
- TED hose/Compression garments can be worn during waking hours and removed at night time.
- **Wound care:** Patients will have staples, surgical glue or steri-strips over the incision.
  - **Drs Price, Popham, and Griffin** - If you are being sent home the same day as surgery, you may remove the post-surgical dressings 48 hours after surgery.
  - **Drs Schaper and Nawab** - If you are being sent home the same day as surgery, you may remove the post-surgical dressings 5 days after your surgery.
  - **If staying overnight in the hospital** – post-surgical dressings will be taken care of by the nursing staff in the hospital and wound care instructions will be given upon discharge.
  - You will have either Steri-strips and/or surgical glue over your incision. The glue and Steri-strips will fall off over time. You may shower after 72 hours with the waterproof dressings, but you will need to cover the dressings that are not waterproof. Once the dressings are removed, do not submerge your incision under the water until it has healed at approximately 4 weeks post-op.  
\*\*\*Please call the office if any new redness or drainage appears around your incision.
- Patient will attend home health PT for the first 1-2 weeks post-op. Transition to out-patient physical therapy 2-3x/week for an additional 4-6 weeks or until patient is released by the surgeon.

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## **PHASE 1: INITIAL PHASE**

### Weeks 1-2 (Home Health Phase)

- Walking at home for about 5 minutes every hour
- Ankle Pumps
- Quad sets
- Gluteal sets
- Heel slides
- Short arc quads (SAQ's) on towel roll
- Hook lying Rotations
- Seated knee extensions (LAQ's)
- Short range bridges
- Standing heel raises
- Standing toe raises
- Standing hip abduction and progress to side lying
- Standing HS curls
- \*\*Avoid Supine SLR into flexion to avoid hip flexor irritation/pain\*\*

### Weeks 2-4 (Start out-patient PT after 2 weeks of Home Health PT)

- Continue with previous Phase 1 exercises
- Stationary Bike
- Clamshells
- Core/hip abduction exercises in pain-free range
- Prone hip extensions > Superman > Aquaman
- Hamstring isometrics into exercise ball/bridges on exercise ball
- Hamstring stretches
- Calf stretches
- Adductor/groin stretches
- Mini squats
- Forward Step-ups (only if patient is pain free with weight bearing)

## **PHASE 2: INTERMEDIATE PHASE**

### Weeks 4-6

Continue with previous or modified versions of previous exercises, but may add:

- Progress ambulation from straight cane to no assistive device when patient can walk without a Tredenburg gait/limp
- Lateral abduction walks with theraband resistance
- IPS/Hip flexor stretches
- Standing 4 way hip with theraband resistance
- Forward step ups/downs – increase step height
- Lateral step ups/downs – increase step height

- Single leg stance/balance retraining
- Wall sits/squats
- Chair squats/Sit to stand without UE assistance
- Nu-step machine
- Single knee to chest (at 6 weeks)
- Upper body weight machines

### **PHASE 3: ADVANCED PHASE**

Week 7 – 3 months

Continue with previous or modified versions of previous exercises, but may add:

- Increase resistance with hip strengthening
- Diagonal stepping with theraband resistance
- Walking program – start with ¼ mile and gradually increase
- For cardiovascular fitness – elliptical, walking outside or on a track, aquatic exercise, cycle. NO treadmill walking due to compression on the new joint.

### **PHASE 4: FINAL PHASE**

3 months +

Continue with previous or modified versions of previous exercises, but may add:

- Begin using lower extremity weight machines
- Recommended activities – elliptical, cycle, walking, aquatic exercise, low impact aerobics, yoga, Tai Chi, Exercise ball exercises
- As Surgeon allows at a later date – running/jogging, high impact aerobics, jumping rope or plyometrics