



## General Guidelines/Precautions:

- Recommend assistance/supervision for 72 hours post-discharge
- Full hip ROM at 10-12 weeks
  - Limit hip extension per MD recommendations
- Communicate with physician regarding:
  - Weight-bearing status
  - Length of restrictions of high-impact activities
  - Dislocation precautions (6-12 weeks)
    - No forceful hip extension or external rotation past neutral
  - Encourage outpatient PT starting within the first week after surgery
    - Advancement of HEP
    - Determine additional goals and timelines
  - Return to recreational sport
    - Must demonstrate sufficient hip mobility and strength, and obtain physician clearance
- Outcomes
  - Patient Reported: FOTO, LEFS, WOMAC, HOOS JR
  - Performance Tests: 30-Second Chair Stand Test, Gait Speed (10MWT), TUG, 6MWT, Berg

PHASE	SUGGESTED INTERVENTIONS	GOALS/MILESTONES FOR PROGRESSION
<p><b>Phase I</b> Patient Education/ Pre-Op Phase</p>	<p><b>Discuss:</b> Anatomy, existing pathology, post-op rehab schedule, and expected progressions</p> <p><b>Education and Instruction on Pre-op Exercises and Expectations:</b> Prospective joint replacement candidates will participate in pre-op education individually or class setting which includes instruction in:</p> <ul style="list-style-type: none"> <li>• Home safety</li> <li>• Equipment recommendations</li> <li>• Pre-surgical LE exercises</li> <li>• Post-op pain expectations</li> <li>• Overview of hospital stay may include but not limited to: <ul style="list-style-type: none"> <li>o Nursing care</li> <li>o Therapy services</li> <li>o Pharmacy</li> <li>o Discharge planning</li> </ul> </li> </ul>	<p><b>Goals of Phase:</b></p> <ol style="list-style-type: none"> <li>1. Understanding of pre-op exercises, instructions and overall plan of care</li> </ol>
<p><b>Phase II</b> Inpatient/Acute Care Phase  Post-Op 0-3 days</p>	<p><b>Immediate Post-Operative Instructions:</b> Patient and family/coach education and training:</p> <ul style="list-style-type: none"> <li>• Safety with mobilization, transfers, ADLS</li> <li>• Edema control: Icing and elevation</li> <li>• HEP</li> <li>• Home modification</li> </ul> <p><b>Track 1: Patients who have OP PT starting within the first week post-op or discharging to swing bed or SNF</b> <i>Home Exercise Examples:</i> <u>Supine:</u> Ankle pumps, quad sets, hamstring sets, glute sets, assisted heel slides, SAQ, hip abduction, external and internal rotation to neutral <u>Seated:</u> AROM knee extension and flexion HEP: 2 times per day in hospital and at home</p> <p><b>Track 2: Patients that do not have OP PT starting within the first week post-op or discharging to swing bed or SNF</b> <i>Home Exercise Examples:</i> HEP from Track <u>Standing:</u> Hip flex with knee bend, knee flex, heel raises, terminal knee extension, hip abduction, mini-squats HEP: Supine and seated exercises 1 time per day and standing exercises 1 time per day</p>	<p><b>Goals of Phase:</b></p> <ol style="list-style-type: none"> <li>1. Protect healing tissue</li> <li>2. Pain and edema control (compression garments)</li> <li>3. DVT prevention (Well's criteria)</li> <li>4. Improve pain-free ROM</li> <li>5. Muscle activation</li> </ol> <p><b>Functional goals:</b></p> <ol style="list-style-type: none"> <li>1. SBA for transfers, bed mobility, ambulation for household distances, dressing, showering and toilet transfers with least restrictive assistive devices or modifications.</li> <li>2. CGA stair negotiation with appropriate AD</li> <li>3. MIN assist for car transfer with or without leg lifter</li> </ol> <p><b>Criteria to Advance to Next Phase:</b></p> <ol style="list-style-type: none"> <li>1. Discharge from acute care setting</li> </ol>

# Anterior Total Hip Arthroplasty Rehabilitation Guideline

<p><b>Phase III</b> <i>Protected Motion and Muscle Activation Phase</i></p> <p>Weeks 0-4</p> <p>Expected visits: 4-6</p>	<p><b>Specific Instructions:</b></p> <ul style="list-style-type: none"> <li>Complete hip outcome tool (FOTO, WOMAC or HOOS JR)</li> </ul> <p><b>Suggested Treatments:</b></p> <p><b>ROM:</b> P/A/AAROM within hip precautions (extension and ER to neutral)</p> <p><b>Manual therapy:</b> Soft tissue mobilization and lymph drainage as indicated</p> <p><b>Stretching</b> (within hip precautions): passive stretch to hip flexor, quadriceps, hamstrings, ITB/TFL, adductors, and calf</p> <p><b>Modalities:</b> Edema-controlling treatments if appropriate</p> <p>Therapeutic exercise:</p> <ul style="list-style-type: none"> <li>NuStep/recumbent bike</li> <li>Side lying exercises including hip abduction and clam shells</li> </ul> <p>Gait Training:</p> <ul style="list-style-type: none"> <li>Reinforce normal gait mechanics – equal step length, equal stance time, heel-to-toe gait pattern, etc.</li> <li>Use of appropriate assistive device independently with no to minimal Trendelenburg and/or antalgic pattern</li> </ul>	<p><b>Goals of Phase:</b></p> <ol style="list-style-type: none"> <li>Provide environment for proper healing of incision site and prevention of postoperative complications</li> <li>Minimize pain and swelling</li> <li>Improve functional hip ROM to within hip precautions</li> <li>Improve functional strength and endurance</li> <li>Normalize gait with appropriate assistive device</li> </ol> <p><b>Criteria to Advance to Next Phase:</b></p> <ol style="list-style-type: none"> <li>Controlled pain and swelling</li> <li>Adequate glute strength of at least 3+/5</li> <li>Safe ambulation with assistive device and no to minimal Trendelenburg and/or antalgic pattern</li> <li>Hip extension ROM to neutral</li> </ol>
<p><b>Phase IV</b> <i>Motion and Strengthening Phase</i></p> <p>Weeks 4-10</p> <p>Expected visits: 6-10</p> <p>Total visits: 10-16</p>	<p><b>Specific Instructions:</b></p> <ul style="list-style-type: none"> <li>Continue with previous exercise program</li> <li>Complete 6-minute Walk Test or Stair Climbing Test if appropriate</li> <li>Driving – as per physician’s orders (good limb control and off pain meds)</li> </ul> <p><b>Suggested Treatments:</b></p> <p><b>ROM:</b> P/AROM to patient tolerance (progressive extension at 6 weeks)</p> <p><b>Manual therapy:</b> Continue as above including scar mobilization as needed</p> <p><b>Stretching</b> Continue as above focusing on hip flexor</p> <p><b>Modalities:</b> Edema-controlling treatments if appropriate</p> <p>Therapeutic exercise:</p> <ul style="list-style-type: none"> <li>Upright bike</li> <li>Progression of the above exercises with the following additions: <ul style="list-style-type: none"> <li>Resistance bands and/or weights</li> <li>Leg press and multi-hip machine</li> <li>Advanced closed chain strengthening exercises including ½ depth forward/lateral lunge, sit-to-stand chair/bench squats, ½ depth wall squats, resisted monster walks – forward and lateral</li> <li>Static and dynamic balance/proprioceptive activities as appropriate- Airex, dynadisc, BAPS, BOSU</li> <li>Aquatic exercises as needed if incision completely healed</li> </ul> </li> </ul> <p>Gait Training:</p> <ul style="list-style-type: none"> <li>Reinforce normal gait mechanics – equal step length, equal stance time, heel-to-toe gait pattern, etc.</li> </ul>	<p><b>Goals of Phase:</b></p> <ol style="list-style-type: none"> <li>Progress ROM to patient tolerance (progressive extension at 6 weeks)</li> <li>Improve gait and stair use without AD as able</li> <li>Incision mobility and complete resolution of edema</li> <li>Advance strengthening including functional closed- chain exercises and balance/proprioceptive activities</li> </ol> <p><b>Criteria to Advance to Next Phase:</b></p> <ol style="list-style-type: none"> <li>Adequate glute strength of at least 4/5</li> <li>Ambulate without AD safely</li> </ol>

# Anterior Total Hip Arthroplasty Rehabilitation Guideline

	<ul style="list-style-type: none"><li>o Ambulate without an assistive device in controlled environment and progress as appropriate</li></ul>	
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# Anterior Total Hip Arthroplasty Rehabilitation Guideline

<p><b>Phase V</b>  <i>Advanced Strengthening and Functional Mobility Stage</i></p> <p>Weeks 10+</p> <p>Expected visits: 2-4</p> <p>Total visits: 12-20</p>	<p><b>Specific Instructions:</b></p> <ul style="list-style-type: none"> <li>• Continue previous hip strengthening exercises</li> <li>• Complete FOTO, WOMAC or HOOS JR at time of discharge</li> </ul> <p><b>Suggested Treatments:</b></p> <p><b>ROM:</b> P/AROM to patient tolerance</p> <p>Therapeutic exercise:</p> <ul style="list-style-type: none"> <li>o Progression of above exercises</li> <li>o Cardiovascular activities including elliptical and stair stepper</li> <li>o Sport-specific activities in preparation for return to physician-approved recreational sport</li> <li>o Advanced long-term HEP instruction</li> </ul> <p>Gait Training: normalized gait on even and uneven surfaces</p>	<p><b>Goals of Phase:</b></p> <ol style="list-style-type: none"> <li>1. Improve glute strength to 4+/5 or better</li> <li>2. Normalized gait on even and uneven surfaces</li> <li>3. Return to work/recreational activities</li> <li>4. Independent with advanced HEP</li> <li>5. Understanding of avoidance of lifelong restrictions to include high-impact activities such as running, jumping, kicking and heavy manual labor</li> </ol>
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