

Total Hip Replacement Protocol Anterolateral Approach

General Precautions:

- For one week, you will use a walker putting weight on the foot as tolerated.
- For the second week, you may progress to using a cane on your nonsurgical side.
- At three weeks, you should be able to walk without an assistive device.
- A raised toilet seat may be used but it is not necessary.
- Because the hip is dislocated from the front, there are minimal precautions after surgery.
- Movement should be within pain tolerance & limit turning your toes out, as well as bringing your leg back behind the plane of your body. For example, lying on your stomach and lifting your leg up behind you.
- It is best to check with your physical therapist or physician before engaging in any activity you are unsure of.

Preop Visit: One visit with a physical therapist before surgery.

The purpose of this visit is to introduce you to the precautions above with further explanation and demonstration, review pre- and post-operative exercises, and to familiarize you with the rehabilitation protocol and specific goals. Below is a checklist for your preop visit.

- Postop exercises to be done daily after surgery as prescribed.
- Review each exercise as outlined in weeks 0-2 below for presurgical conditioning and familiarity.
- Review transfer from lying in your bed to sitting.
- Review transfer from sitting to and from standing. If able, choose a chair with arms and use your non-surgical leg to stand up/sit at first.
- Scar tissue mobilization review for when the incision is healed.
- Explain FWBAT: Full Weight Bearing As Tolerated.
- Gait training/walking with crutches/cane on a flat surface.
- Stair training with crutches/cane ascending and descending stairs. Remember: Up with the good and down with the bad.
- Review entire protocol and timeframes with patient.

Postop (After surgery at home and with your therapist)

0-1 Weeks Goals: Safe and independent use of walker. Independent with knowledge and maintenance of hip precautions. Daily performance of home exercise program. All exercises to be repeated 25x, 2-3 x/day.

Exercises:

1. Quad sets - Tighten knee muscles of outstretched leg by pushing the back of the knee into the bed, hold 5 seconds.
2. Gluteal sets - Squeeze buttocks together, hold 5 seconds.
3. Heel slides: lying on your back, bend knee sliding heel toward buttocks, reverse to straighten leg.

4. Hip abduction and adduction - Lay on back, slide straight leg out to side and back in.
5. Short-arc quadriceps - Put 6-inch towel roll under knee. Straighten lower leg until knee is fully straight and hold for 3 seconds.
6. Long-arc quadriceps - Seated, knees bent to 90°, straighten lower leg until knee is fully extended. Hold for 3 seconds.
7. Scar tissue mobilization - When the wound is completely healed you should begin to mobilize the scar itself and surrounding tissue. Apply light to medium pressure along the sides of the scar for 2-3 minutes. Next, apply light to-medium pressure perpendicular to the scar, crossing over the scar tissue for 2-3 minutes.

1-2 Weeks Goals: Utilize cane as soon as able and safe. Maintain general hip precautions.

Exercises:

1. Stationary bike (when approved by MD).
2. Prone hip extension.
3. Mini-squats.
4. Bridges.
5. Straight leg raise (flexion and abduction).
6. Hip rotation strength within pain limits, cautious with external rotation.
7. Calf raises.
8. Standing hip abduction.
9. Standing hip extension as tolerated and cautious.
10. Marching.
11. Upper extremity strengthening: Biceps, triceps, interscapular strength, pull-downs, any functional upper extremity movements that relate to patient, ADLs, work or sport.
12. Core strengthening: Supine.

2-4 Weeks Goals: Ambulation without device. Ascend and descend stairs in a step-over-step fashion.

Exercises:

1. Single-leg balance, knee straight to knee bent. Eyes open to eyes closed.
2. Small range forward lunges.
3. Contra kicks weightbearing on nonsurgical leg, cautious with extension.
4. Contra kicks weightbearing on surgical leg.
5. Single-leg heel raises.
6. Step-up progression from 2-inch step to 8-inch.
7. Step-down/eccentric lowering from step; 2-inch to 8-inch progression.
8. Increase core strengthening: Lateral walk-outs.
9. Upper extremity progression for return-to-sports/recreational activities as cleared by the doctor.